



PATIENT

Rook North

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

4.19 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle Vet Hospital

REFERRING VET

Dr. McFarlen

INVOICE

44784

DATE

2/3/23

PRESENTING CLINICAL SIGNS

Diagnosed in November 2021 with enlarged kidneys bilaterally. Approx 3.5 cm but cortices were very coarse and irregular. At that time UTI but no azotemia, or anemia, or proteinuria. OVER time developed proteinuria without infection and was put on Semintra. Proteinuria improved and measured at 0.3 two weeks ago.

Abnormal PE/Chem/CBC/UA Results: Recent onset of non regenerative anemia and uremia. Anemia was mild 27.5 PCV last week and now 12.5 PCV, creatinine 278 umol/l and Urea 24.1 umol/l and new is lower TP and Globulin. Heart murmur changed from grade 2 to 3 and offered cardiac scan. Very surprising was level of pleural and pericardial effusion. 200 ml clear fluid removed. pericardial centesis was not done. Given level of effusion and cardiac stress-scan was done in quick/abbreviated format.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.9	1.6	0.9	40	--
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
PATIENT	2.0	1.9	2.2		--	--	NM

Adapted from June Boon, Veterinary Echocardiography, 1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The cardiac presentation revealed moderate concentric hypertrophy with hypercontractility. Volume overload in the left atrium noted with moderate pericardial effusion and pleural effusion, consistent with left-sided heart failure. No evidence of masses present. Pleurocentesis and pericardiocentesis could be considered in this patient for further definition to ensure an occult neoplastic event is not present. The right auricle was slightly irregular. I cannot rule out an emerging neoplastic event in this region.

Hepatic veins were mildly dilated, consistent with passive congestion. Trace ascites notes.

ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating for left-sided heart failure and reassessing the amount of pericardial effusion. If the pericardial and pleural effusion is not reduced significantly on the following protocol, the



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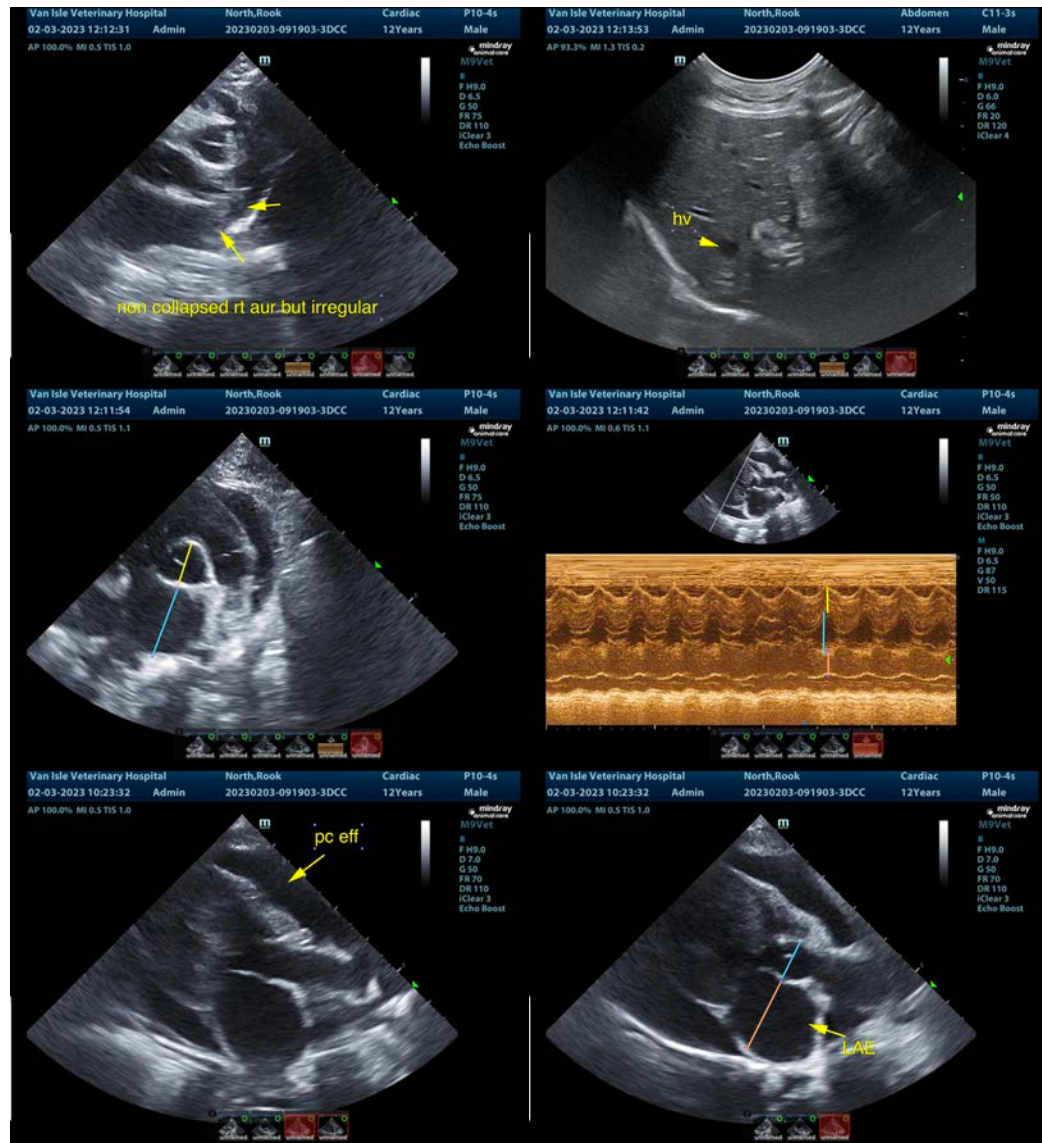
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pleurocentesis and pericardiocentesis would be warranted. However, there is no overt tamponade effect at this point, given that the right auricle was not collapsed. Recommend Lasix at 12.5 mg BID, reducing to 6.25 mg BID. Pimobendan could be considered at 0.30 mg/kg BID off-label as well as Plavix therapy. Recheck echo in 3-5 days. Prognosis is guarded.





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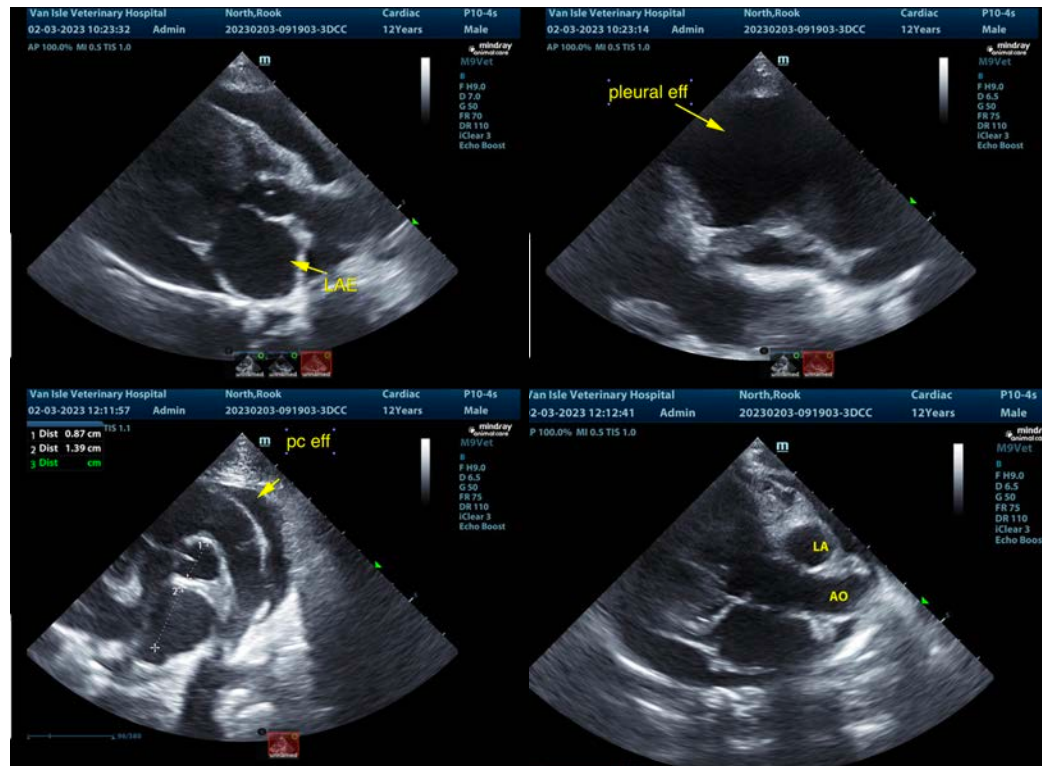
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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