



## PATIENT

Blackie Capuzzi

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

11 Lbs. 5 oz.

## PRESENTING CLINICAL SIGNS

History: Patient presents for abdominal ascites - modified transudate. History of possible irregular rhythm. No murmur heard.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	--	NM	0.4	2.02	0.42	2%	6%
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/)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>	--	--	--	--	--	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							

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Veterinary Wellness  
Center (Glen Rock)

## REFERRING VET

Dr. Sepulveda

## INVOICE

13815

## DATE

2/7/22

### Cardiac Presentation

The cardiac presentation in this patient presented severe volume overload, severe hypocontractility, severe pericardial effusion, consistent with dilated cardiomyopathy and left and right sided heart failure. Right and left sided atrial enlargement present. Severe myocarditis also possible.

### Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.85 cm. The left kidney measured 3.57 cm.

### Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.



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**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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**Liver**

The **liver** revealed coarse architecture and mild irregular contour. Hepatic veins were dilated. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SEX**

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**AGE**

12 Years

**Free Abdomen**

A large amount of **ascites** was noted, owing to right sided heart failure. Enhanced mesentery noted throughout the mid abdomen, owing to the ascites.

**WEIGHT**

11 Lbs. 5 oz.

**ULTRASONOGRAPHIC FINDINGS**

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- Dilated cardiomyopathy
- Ascites
- Enhanced mesentery throughout the. mid abdomen, owing to the ascites
- Liver, coarse architecture
- Volume contracted spleen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient is at very high risk for sudden death. Triple therapy warranted, off-label pimobendane at 0.3 mg/kg BID, Lasix 12.5 mg BID, diminishing to 6.25 mg BID, if possible, over the next 48-72 hours. Plavix therapy also recommended. However, the cardiac presentation is extremely precarious. Palliative abdominocentesis could be considered, however, recheck echo in 7-10 days if the patient is able to sustain the current crisis. Taurine levels and assessment for infectious causes of myocarditis would also be considered. I believe that the ascites is owing to right sided failure.

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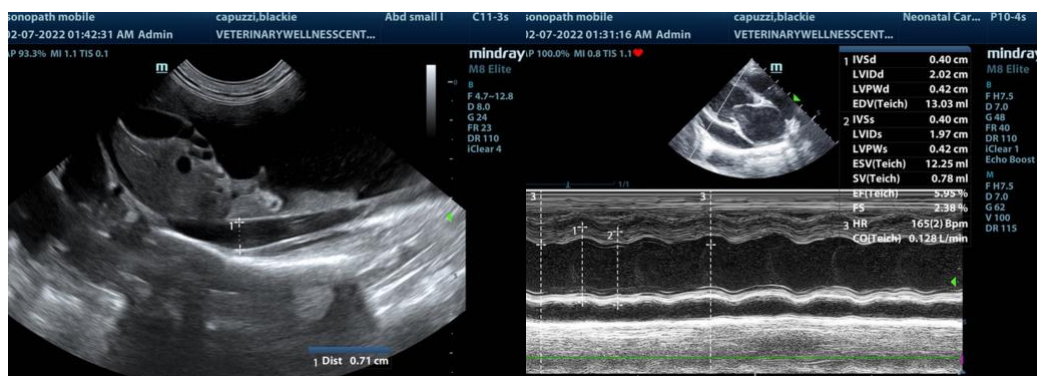
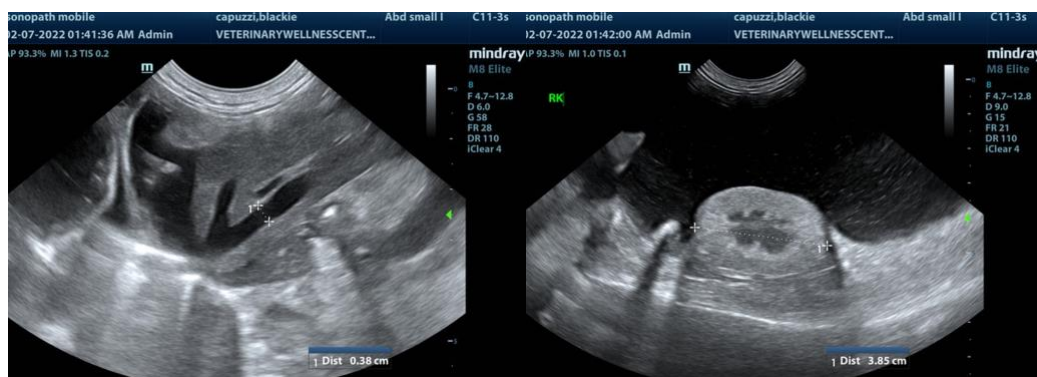
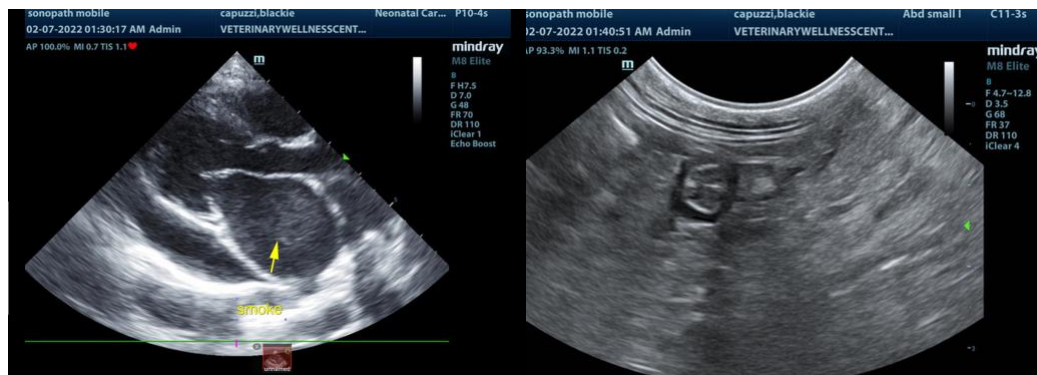
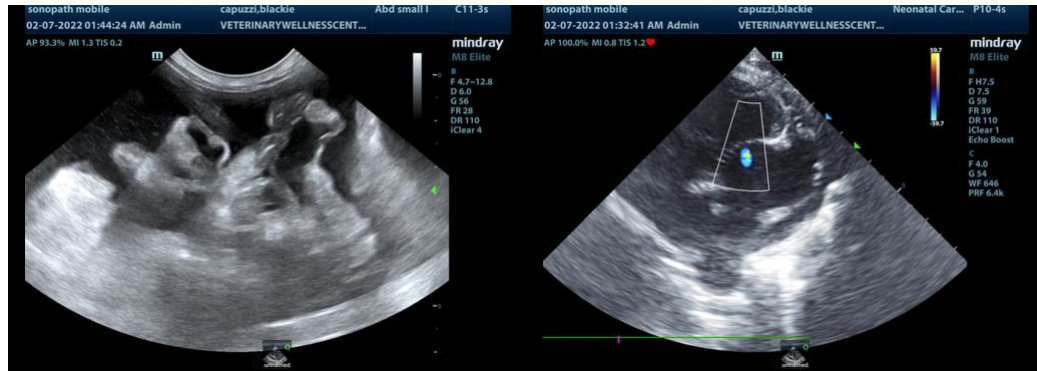
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
info@SonoPath.com