



PATIENT

Lucky Edigio

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

11 Years

WEIGHT

16 Lbs.

PRESENTING CLINICAL SIGNS

History: possible saddle thrombus, concern for CHF on rads. on buprenex, clopidogrel, lasix

Abnormal PE/Chem/CBC/UA Results: BUN 39.7, crea 2.9, Phos 6.5

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	0.4	2.0	0.5	30	--
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	>2.2	>2.1	--	.70	--	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

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

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2/7/22

Cardiac Presentation

The cardiac presentation in this patient presented severe mitral and tricuspid insufficiency (2.5 m/s). Tachycardia with arrhythmogenic activity noted. Smoke noted in the right and left atrium, both of which were enlarged. Septal and free wall thicknesses were normal. Contractility was subnormal. Slight pericardial effusion and pulmonary edema noted with B-lines. This is most consistent with unclassified cardiomyopathy with tachyarrhythmia. This may be a form of end stage hypertrophic cardiomyopathy.

Urinary System

The **urinary bladder** revealed slight micropolypoid changes. Minimal anechoic urine was present.

The **iliac trifurcation** revealed an aortic thrombus, occupying approximately 50% of the aortic width, extending for approximately 1.0 cm. The degree of aortic thrombosis in the iliacs could not be ascertained. However, the thrombus appears to stop at the iliac trifurcation.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 5.63 cm. Pyelectasia was noted in the left kidney. An infarct was noted at the caudal pole of the left kidney. The left kidney measured 4.78 cm.

Adrenal Glands



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Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.26 cm.

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Spleen

The **spleen** revealed multifocal hyperechoic lipogranulomatous nodules.

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Liver

The **liver** revealed slight increased portal markings. The parenchyma was uniform. The gallbladder and common bile duct were unremarkable. Comet tail lung pattern was noted through the diaphragm.

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Heart changes most consistent with unclassified cardiomyopathy with tachyarrhythmia. This may be a form of end stage hypertrophic cardiomyopathy.
- Concurrent saddle thrombus
- Renal infarcts in the left kidney
- Splenic nodules
- Liver, increased portal markings
- Comet tail lung pattern noted through the diaphragm
- Age-related pancreatic changes
- Urinary bladder, slight micropolypoid changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Verhalen

The patient is at high risk for sudden death. I recommend Lasix at 6.25 - 12.5 mg/kg BID, Plavix therapy, off-label Pimobendan at 0.3 mg/kg, heat support and oxygen therapy (as necessary). Very guarded prognosis. Recheck echo in 7-10 days, if the patient is able to pivot positively from this current crisis. EKG and blood pressures warranted.

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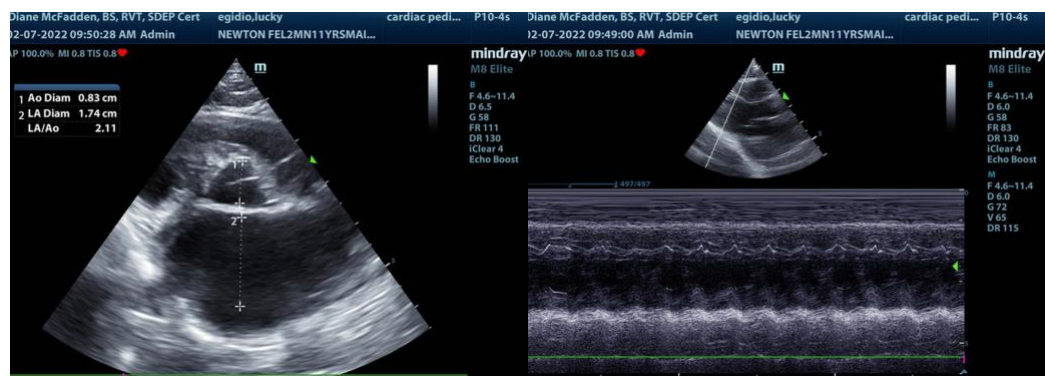
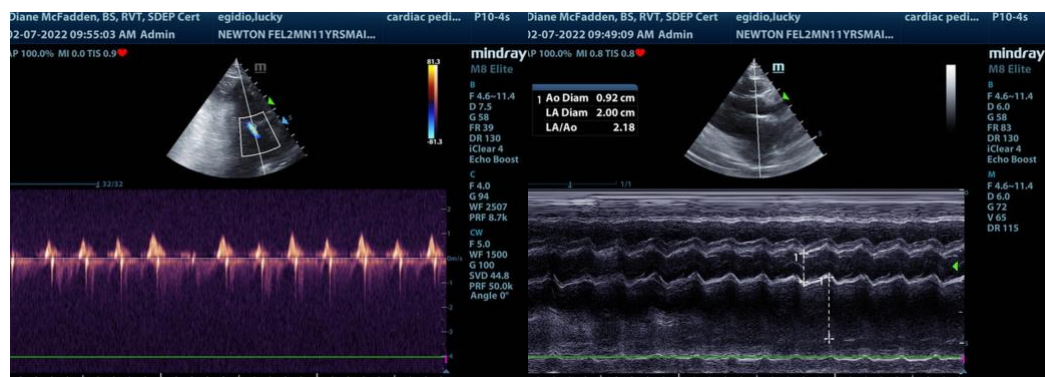
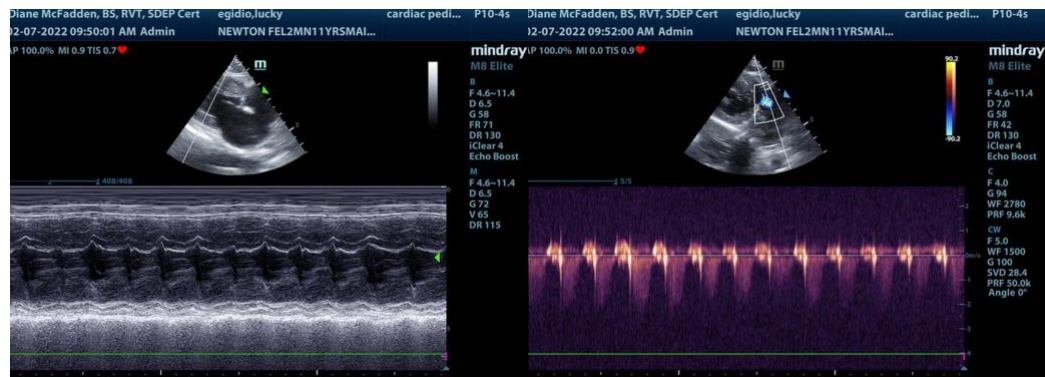
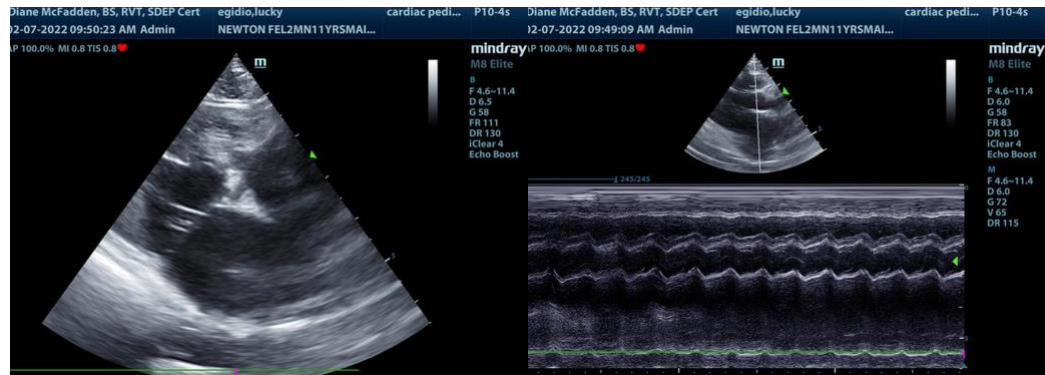
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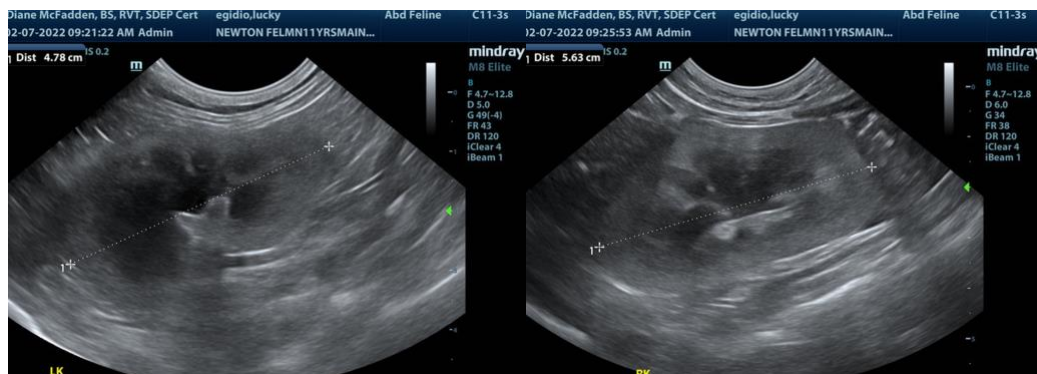
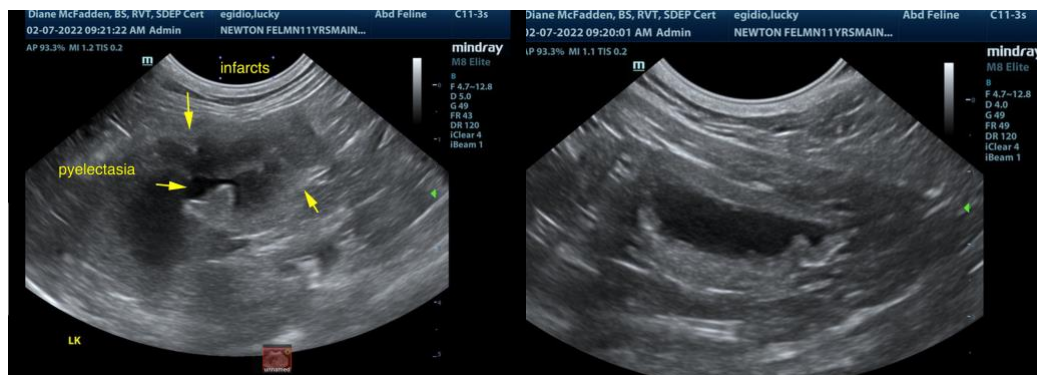
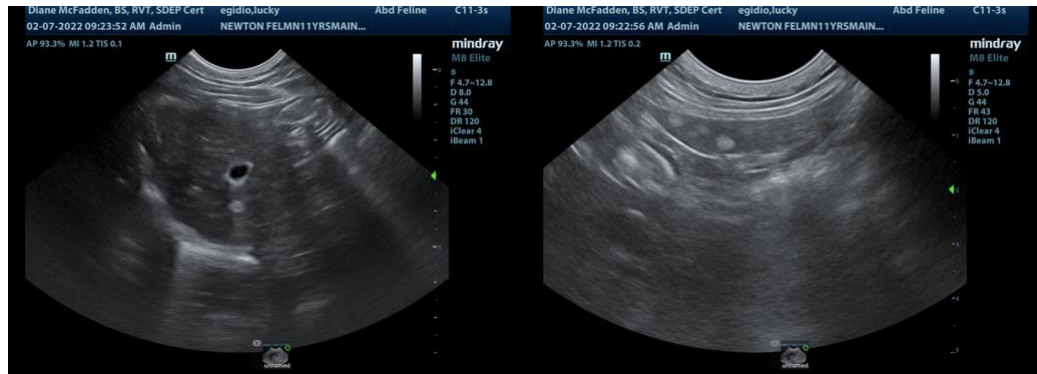
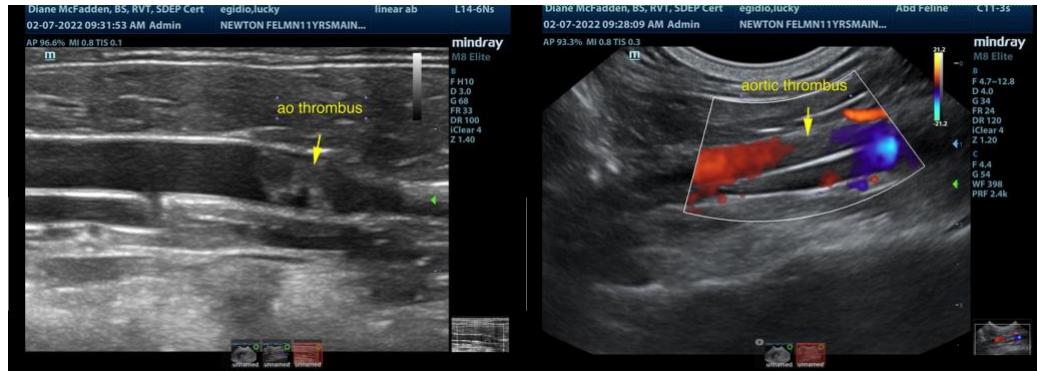
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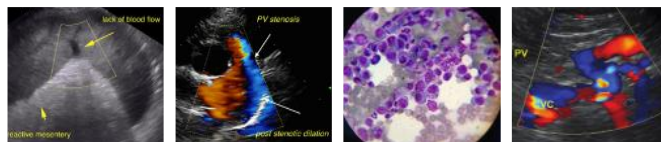
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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