


PATIENT

Comet Heckard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

11.4 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

PRESENTING CLINICAL SIGNS

Comet presented on 1/5/22 at the local emergency clinic for dyspnea and tachypnea. He was found to have pleural effusion and was treated with supplemental oxygen in the O2 cage, a thoracocentesis was performed, 130ml of a modified transudate was removed, and he was started on furosemide. The following day a proBNP was performed in our clinic and was found to be abnormal, then Comet was started on 2.5mg Pimobendan orally BID and 12.5mg furosemide orally BID was continued. At the recheck on 1/13/22 the owners reported that Comet was acting more like himself at home. He presented on 2/8/22 for a further cardiac work-up, including cardiac ultrasound and BP measurement. He was given 1mg Butorphanol to lightly sedate for the echocardiogram, and his BP was found to be normal, ranging from 130 to 140mmHg systolic with the doppler. He was not dyspneic while in the clinic but intermittently tachypneic with positioning changes.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed normal internal diameter, structure and contractility. The left atrial size was normal. All four chamber sizes were normal with slight enlargement of the right atrium. This is likely owing to increased pulmonary pressures. The aortic and pulmonic outflow structure was normal. There was no significant mitral or tricuspid insufficiency present. Septal and free wall thicknesses as well as internal diameter and contractility are all normal. Non cardiogenic pleural and pericardial effusion was noted. The cranial mediastinum and pericardial regions were free of masses in the visible window.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	11.4 lbs	NM	0.5	1.2	0.5	45	
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO (Sisson)	LA 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	1.4	1.3	1.2			1.2	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							

INVOICE

95946

DATE

2/9/22

ULTRASONOGRAPHIC FINDINGS

Non-cardiogenic pleural and pericardial effusion.



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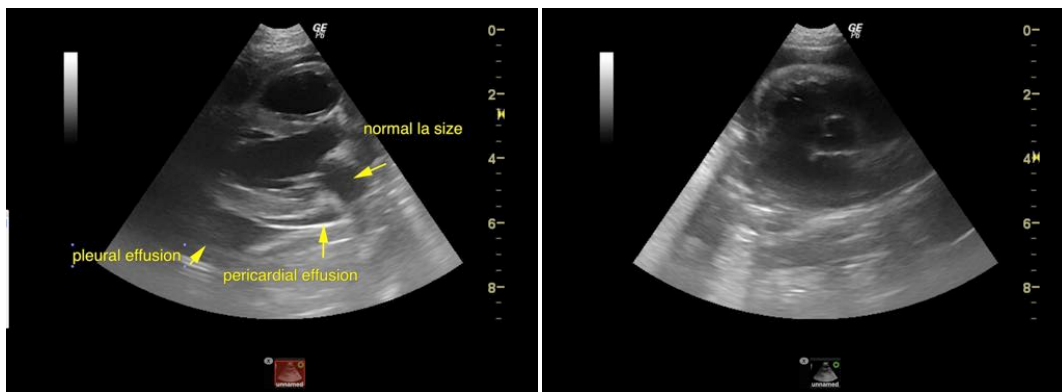
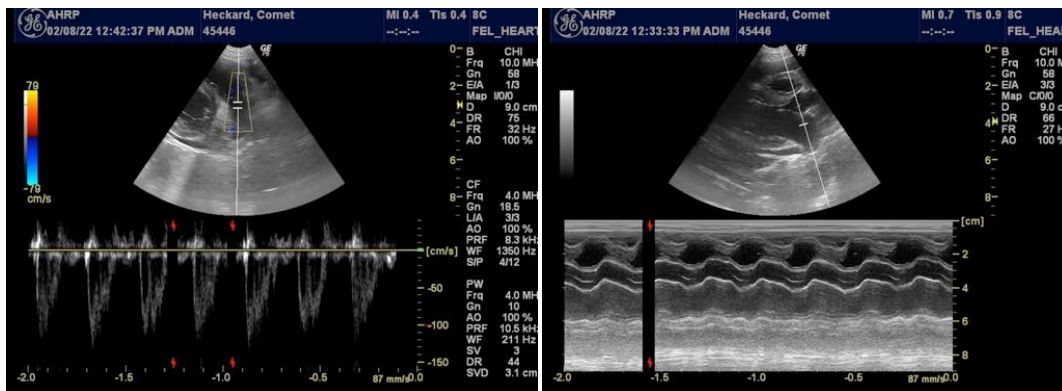
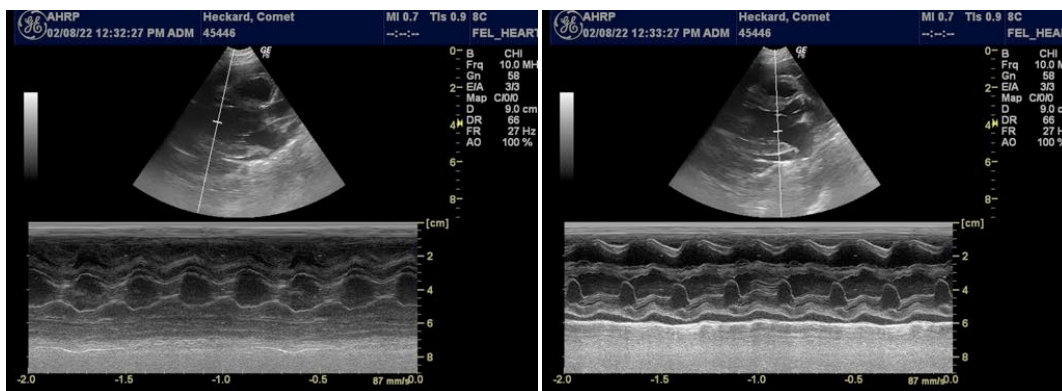
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not feel that cardiogenic source is the issue. I recommend continuation of the Lasix and stopping Pimobendan in this patient. Pleurocentesis and cytospin is recommended to assess for non-cardiogenic causes. An abdominal sonogram is warranted to assess for related primary disease such as lymphadenopathy. Occult neoplasia and FIP are the primary concerns. Palliative pleurocentesis is recommended. After drainage chest CT would be ideal. Underlying neoplastic process cannot be ruled out as a possible differential. However, FIP is a strong potential.





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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.

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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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info@SonoPath.com

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