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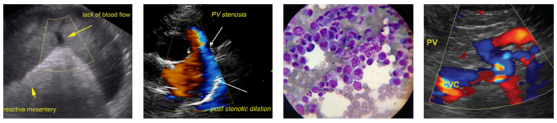

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Pita Bjelke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Yrs

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Vet Specialty Care Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

36358

DATE

3/23/22

PRESENTING CLINICAL SIGNS

History of progressive labored breathing, lethargy, and anorexia over the past few days. Patient went to rDVM for overgrooming last week and received vaccines and depomedrol injection. PE: Tachypnea, dyspnea, increased BV sounds BP-99mmHg On O2 and Lasix CRI overnight: Furosemide 6 mg/kg total over the past 12hrs , Torb PRN Keystone rad report 3/22/22 11:40 PM Findings: Three whole body radiographs are reviewed. The heart is enlarged (VHS ~8.5). The caudal pulmonary vessels are mildly distended. There are flared pleural margins caudal to the cardiac silhouette. There is a mild diffuse bronchointerstitial pattern. There is a focal potential nodular opacity at the 11th intercostal space on the left lateral projection. The liver appears mildly enlarged. The spleen, kidneys, and bladder within normal limits. The stomach is fairly empty. The small intestines are normal diameter. Gas and feces are present in the colon. Assessment: There is cardiomegaly and mild vascular distention that is concerning for underlying cardiomyopathy although no murmur is reported. The apparent pleural effusion and pulmonary changes can indicate cardiac decompensation. Diuretic therapy is suggested with recheck radiographs to monitor response to treatment. An echocardiogram is recommended for further assessment. Heartworm disease is not excluded. There may be a focal pulmonary nodule in the caudal dorsal lung field. Reassessment on follow-up radiographs after diuretic therapy are recommended. The mild hepatomegaly is nonspecific and can be secondary to cholangitis, endocrine hepatopathy (diabetes, other), lipidosis, other diffuse inflammatory or infiltrative disease for which the significance should be correlated with bloodwork. Ultrasound may be considered for further assessment as needed. Keystone Rad Report 3/23/22 7:30 AM Findings: Three radiographs are available for review. THORAX: The cardiac moderately to severely enlarged (static compared to the previous study) with focal depression of the mid third of the caudal margin on the lateral projection. On the DV view, the heart shows "valentine shape" secondary to left atrial enlargement. The size of the left atrium is subjectively decreased compared to previous study. The lung vessels are enlarged and tortuous. There is increased opacity in the lung parenchyma, with resultant decrease to loss of vascular detail as well as air bronchograms in multiple lung lobes. There is pleural effusion demonstrated by the presence of fissure lines, scalloping of the lung margins, widening of the lumbophrenic and costophrenic angles by a soft tissue opacity, increased opacity of the lung and opacification of the cardiac silhouette. There is no evidence of intrathoracic lymph node enlargement. The diaphragm is intact. ABDOMEN: There are no radiographic abnormalities in the abdomen. The serosal detail is normal. The gastrointestinal tract is normal in size and distribution. There are no abnormalities at the level of the liver, spleen, kidneys and urinary bladder. The musculoskeletal structures are normal. Assessment: - Static cardiomegaly with impression of decreased left atrial size. Worsening pulmonary vessels congestion, pleural effusion and mixed interstitial to alveolar lung pattern, most consistent with congestive heart failure and cardiogenic pleural effusion and pulmonary edema. Treatment for congestive heart failure is recommended. As the patient's clinical condition permits, additional evaluation including echocardiography is recommended. - Normal abdomen.
Abnormal PE/Chem/CBC/UA Results: CBC- wnl Chem 17- BG 221 , Ca 7.6 ,GGT 13

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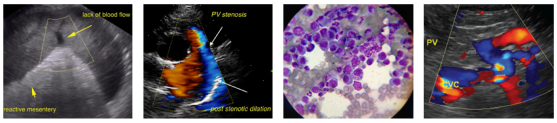

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ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	0.65	1.2	0.72	45	
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	1.5	1.6	1.7				NM

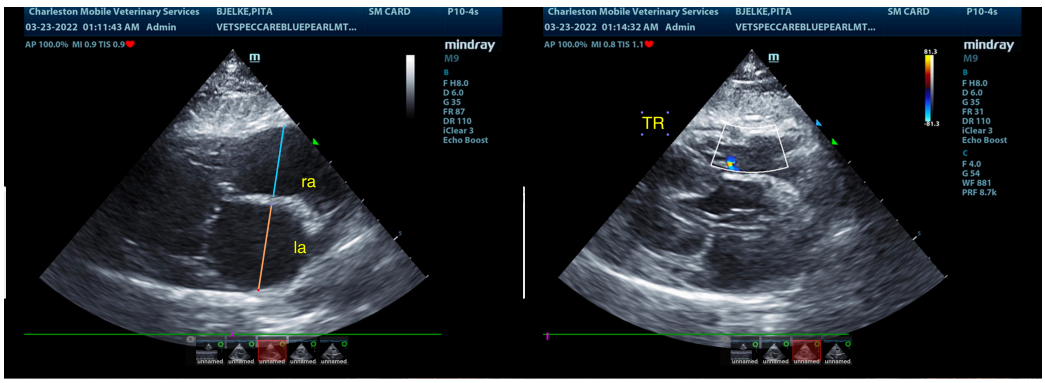
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The cardiac presentation revealed mild concentric hypertrophy of the left ventricle with volume overload in the left atrium and right atrium and concurrent pleural effusion, consistent with left-sided heart failure. Hepatic veins were not dilated. The left ventricular hypertrophy was only mild in this patient. Given the patient history, occult hypertrophic cardiomyopathy may be exacerbated by repository steroids, and this may be a temporary congestive heart failure given that history. Left atrial size was likely larger prior to Lasix therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continuation of Lasix therapy at 6.25-12.5 mg BID, Plavix, ACE inhibitor 0.5 mg/kg SID, and off-label Pimobendan at 0.3 mg/kg BID with recheck echocardiogram in one week. Target respiratory rate of <20/min. The initial cardiac medications may not be necessary long-term depending upon response to therapy. Assessment for azotemia, blood pressure, respiratory, and follow up chest radiographs warranted over the next 48-72 hours .



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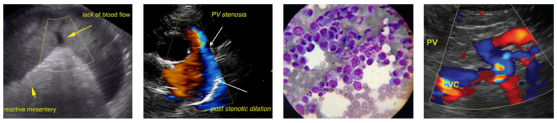

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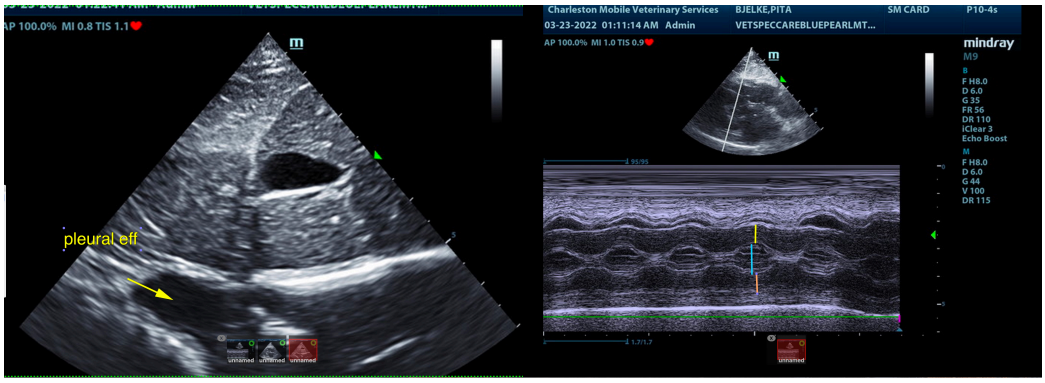

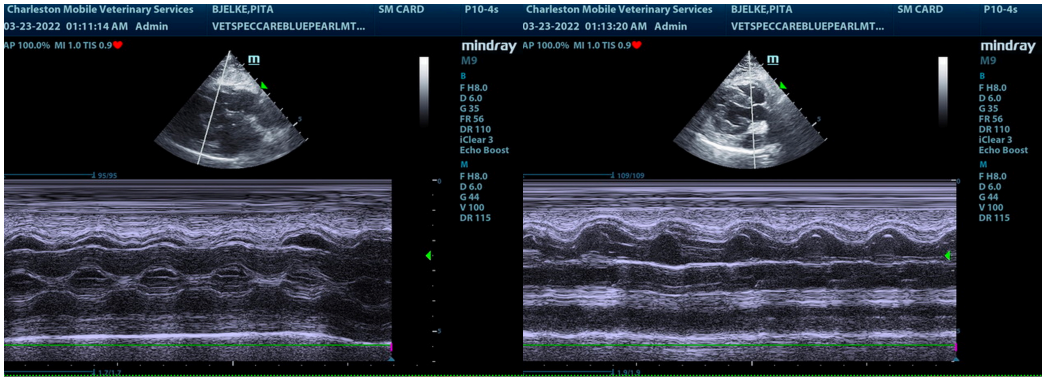

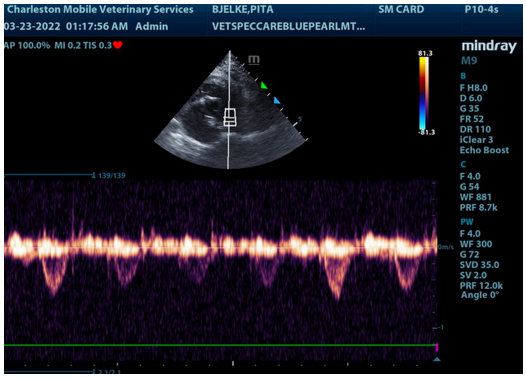

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com