



**PATIENT**

Vito Cochran

**PRESENTING CLINICAL SIGNS**

Lethargy, weight loss HM thoracic fluid present.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6

**WEIGHT**

10.9

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	0.3	10	
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	3.56	3.71	1.9				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

**Cardiac Presentation**

DABVP, Cert. IVUSS

The cardiac presentation revealed severe volume overload in all four chambers. Mitral and tricuspid insufficiency noted with severe hypocontractility.

**IMAGING PERFORMED BY**

Jenn

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**HOSPITAL NAME**

Rockaway AH

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.53 cm. The left kidney measured 3.51 cm.

**REFERRING VET**

Dr. Maniar

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**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**DATE**

3/9/23

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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## Liver

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The **liver** revealed dilated hepatic veins and swollen irregular contour. Slight free fluid noted between the liver lobes. The gallbladder was unremarkable. Severe amount of pleural effusion noted through the diaphragm.

## BREED

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## Gastrointestinal

## SEX

Neutered Male

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. 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.

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## ULTRASONOGRAPHIC FINDINGS

- Left and right-sided congestive heart failure – DCM type presentation.

## INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other causes such as myocarditis/infectious agents should be considered, or nutritional cardiomyopathy. Quadrotherapy recommended with Pimobendan off-label 0.3 mg/kg BID, Lasix at 12.5 mg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID if the patient can tolerate BID dosing. Plavix therapy indicated. Oxygen as necessary. Heat support recommended to maintain body temperature >98 degrees Fahrenheit. Prognosis is extremely guarded. Dietary history should be evaluated for nutritional cardiomyopathy. Taurine supplementation would be indicated. Broad-spectrum antibiotics such as Zithromax or similar warranted to cover for infectious agents. Toxoplasmosis and bartonella titers warranted. The patient is at high risk for sudden death.

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Jenn

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## REFERRING VET

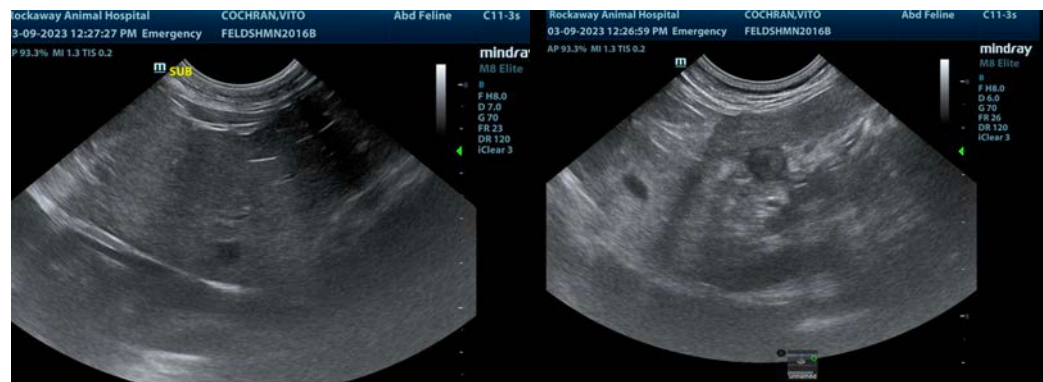
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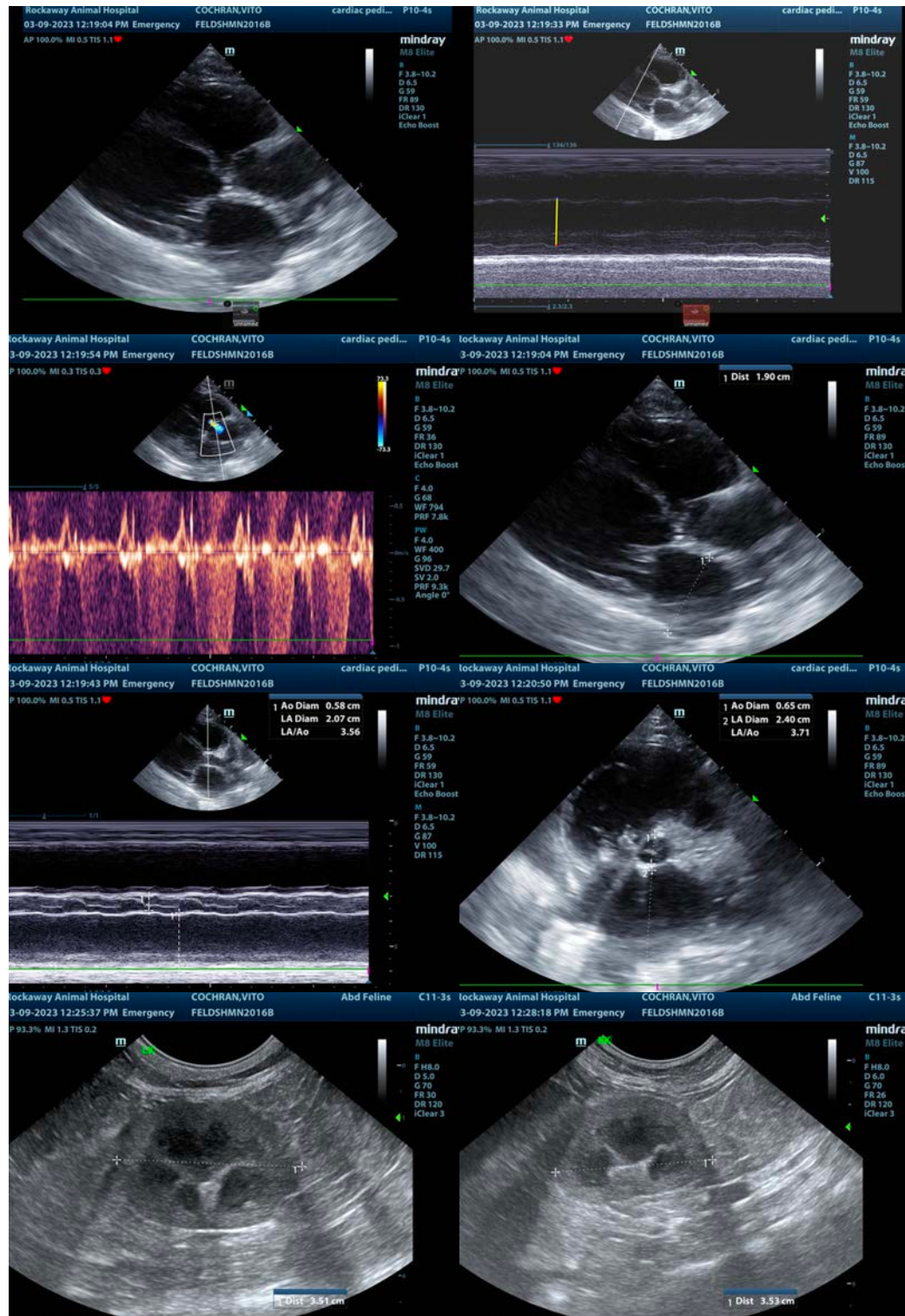
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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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DSH

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

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