



PATIENT PRESENTING CLINICAL SIGNS

Ashton Rex Harris

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal)

HOSPITAL NAME

Veterinary Specialty
Care Plus, P.A.

REFERRING VET

Dr. Danielle Frasier

INVOICE

21912

DATE

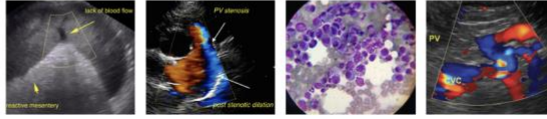
4/2/23

History: P is a 1yo MN DSH presenting to VEC for labored breathing. P was born with FELV and for the last~2weeks has been losing weight but has still had an appetite. Ps appetite has also slowly been decreasing and this Wednesday was the last time P was seen eating a full meal. Thursday P was taken to rDVM where they prescribed Onsior and Mirtazapine. P is still NI in eating fully and ~2am this morning O woke up to P struggling to breath and claims P sounded wet and nasaly. P otherwise has had no V or D, is indoor only and UTD on all vaccs and prevs. On presentation patient is BAR T 103.6 grumbly for exam but very sweet in cage. EENT mmbpink <2 CV/R no murmur/arrhythmia lungs clear eupnic abd palp benign UG nsf PLNs wnl integ nsfABNORMAL Labwork Values LIPASE 582, Na 166 RBC 6.16, MCH 16.5 For ECH MS/N wnl O Only: Blood Pressure UTD-fractionous HR/RR/BP: 210/66/UTD Is there a Heart Murmur? If so, please grade. No Current Medications Onsior, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values LIPASE 582, Na 166 RBC 6.16, MCH 16.5 Blood Pressure -fractionous HR/RR/BP: 210/66/UTD Radiographic Findings Findings: Three images of the thorax and abdomen dated 4/2/23 are available for interpretation. The cardiac silhouette is moderately generally enlarged, and measures approximately 8.8 by vertebral heart score. The pulmonary vessels and parenchyma are within normal limits. No thoracic lymphadenopathy or pleural effusion are identified. The trachea, esophagus, and diaphragm are within normal limits. There is decreased serosal margin detail in the peritoneal space as well as wispy increase soft tissue opacity. No abnormalities of the liver, spleen, kidneys, or urinary bladder are identified. The stomach contains minimal gas. No pathologic small intestinal dilation is identified. Formed fecal material and gas are present within the colon. The musculoskeletal structures are unremarkable. Assessment: 1. Suspect mild peritoneal effusion and/or peritonitis. The underlying cause is not definitively identified. (Considerations include feline infectious peritonitis, septic or other inflammatory peritonitis, transudate/modified transudate, less likely hemoabdomen or uroabdomen). Abdominal ultrasound and abdominocentesis would be beneficial for further evaluation. 2. Moderate generalized cardiomegaly. Congenital cardiac anomaly is possible given the young age of the patient. Juvenile cardiomyopathy is also possible. Normal variant for a young patient could also be considered. Echocardiography could be considered for further evaluation. There is no current evidence of cardiogenic pulmonary edema. *Radiographs were unremarkable with normal cardiac silhouette and respiratory tree, minor excessive stool and slightly nebulous cranial abdomen in the region of the pancreas.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (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	0.5	1.45	0.55	35	--
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/)	



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NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60
PATIENT	1.15	1.2	1.22	1.30	1.20	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

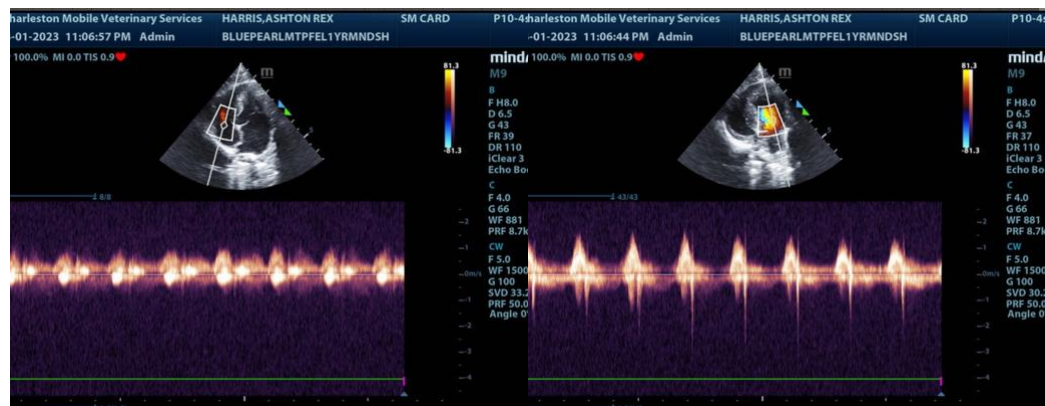
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Tachycardia was present, possibly owing to pain.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with tachycardia- no evidence of primary cardiac disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider pain as a cause of the tachycardia and any tachypnea that may be present. Given the described history of severe pancreatitis, pain related tachypnea and tachycardia is likely an issue. No contraindication to IV fluid therapy. I recommend focusing on any respiratory pattern on radiographs, as well as abdominal disease.





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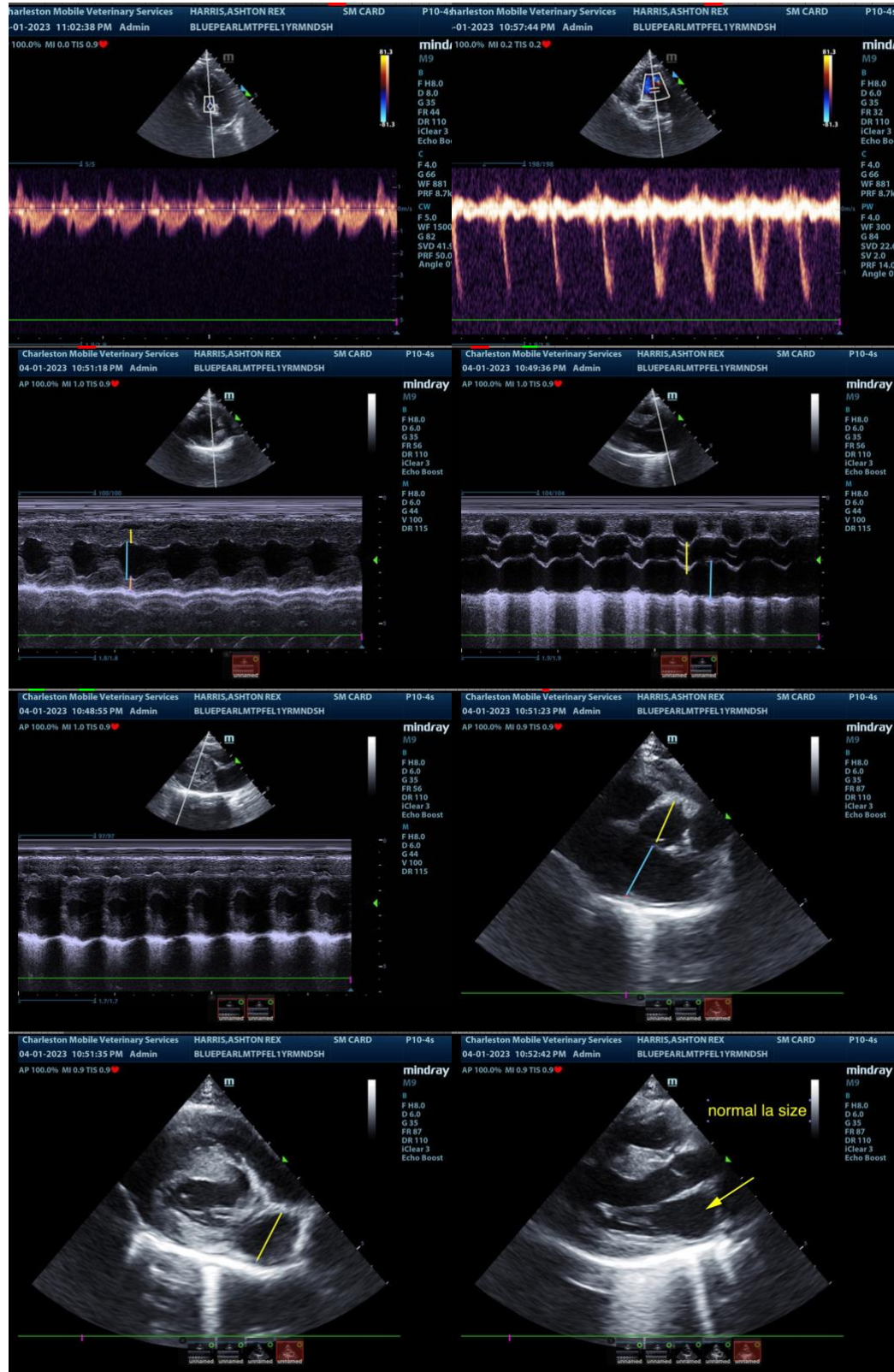
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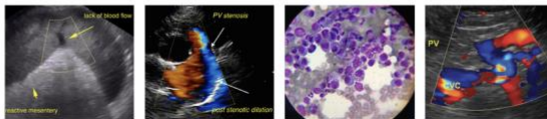
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The information and recommendations provided are based on the images presented by the



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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

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