



PATIENT

Ms Lizzy Salzillo

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

10 years

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shneck

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

30391

DATE

5/14/22

PRESENTING CLINICAL SIGNS

Brief History: Presented 5/13 for labored breathing, lethargy, anorexia, Hx: bladder problem (spastic bladder ~ 8mon ago; UTI (~1 yr ago)
Abnormal PE/Chem/CBC/UA Results: CBC- RBC 5.86, HCT 28.1, HGB 9.1, PLT 80, PLTCRT 0.14, CHEM 17- GLU 181, BUN 46, ALT 276, AMY 1733, EPOC-CL 135, CREA 2.14, GLU 179, BUN 58 BNP- very abnormal at 630 UA- USG 1.020, pH 6, suspect presence hyaline casts 201/123 (MAP 150). from rad report: Given that there is concern for the possibility of cardiogenic edema and heart failure, a trial dose of diuretic therapy is recommended with reassessment of the clinical signs after beginning therapy. Repeating radiographs 8-12 hours after administrating diuretic therapy could be considered to reassess the pulmonary changes. For a full cardiac workup, an echocardiogram, ECG and blood pressure measurement would be recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. Mild, sectorial hypertrophy of the **left ventricle** was noted with **myocardial** remodeling. **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). A minor amount of pleural effusion was noted in this patient. The pleural effusion is non cardiogenic. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window. Tachycardia was present.

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	12.2 lbs	NM	0.52	1.1	0.78		
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		1.3	1.2	NM	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							



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ULTRASONOGRAPHIC FINDINGS

Myocardial remodeling.

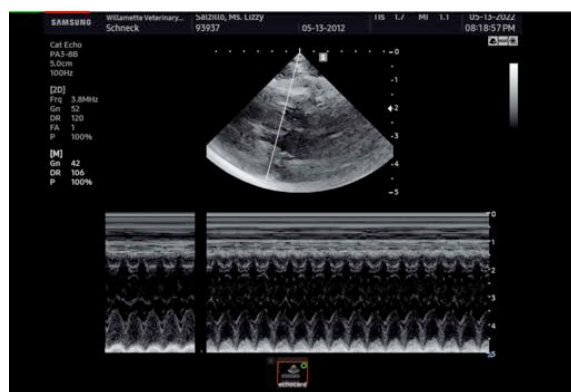
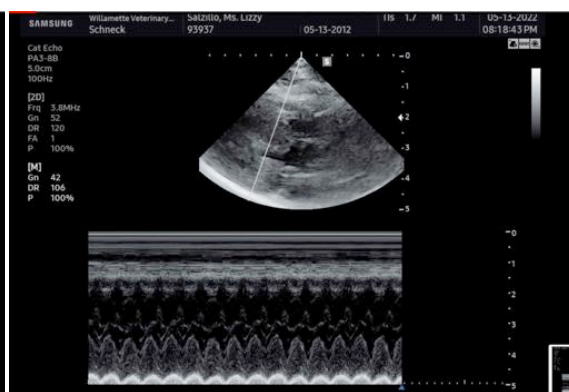
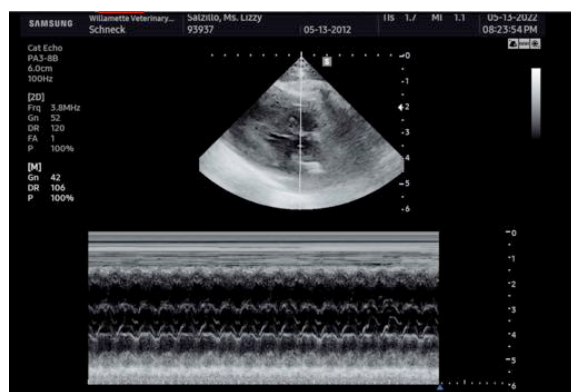
Minor benign left ventricular hypertrophy as the left atrial size is normal.

No evidence of volume overload.

Non-cardiogenic pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal sonogram is recommended to assess for related causes of the slight pleural effusion such as primary neoplasia or evidence of inflammatory event such as pancreatitis may be causing pneumonitis. Chest radiographs +/- chest CT would be appropriate as well as abdominal sonogram.





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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