



PATIENT

Jack Jackubowicz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Marsh Hospital for Animals

REFERRING VET

Dr. Milwicki

INVOICE

30638

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Uncontrolled hyperthyroidism, open-mouth breathing, pale, depressed. + abdominal fluid wave. Current med: methimazole. Patient unfortunately succumbed to his condition at hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

***This is a limited exam owing to patient's precarious clinical presentation **

The cardiac presentation in this patient presented concentric hypertrophy and subnormal volume of the **left ventricle** and **left atrium** with aggressive paroxysmal arrhythmia. Trivial **mitral** insufficiency was noted and not clinically significant. 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.

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	14 lbs	NM	0.71	0.7	0.74	66	95
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	1.0	1.0	1.1		1.44	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							

The abdomen revealed a large amount of ascites. The hepatic veins were not dilated. Therefore, no passive congestion was noted. Nodular omental changes were noted. Minimal organs were visible. The urinary bladder presented a minimal amount of urine present.



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ULTRASONOGRAPHIC FINDINGS

Pseudohypertrophy or primary mild hypertrophy with subnormal left ventricular volume.

Adequate contractility.

Aggressive paroxysmal arrhythmia present.

No pleural or pericardial effusion.

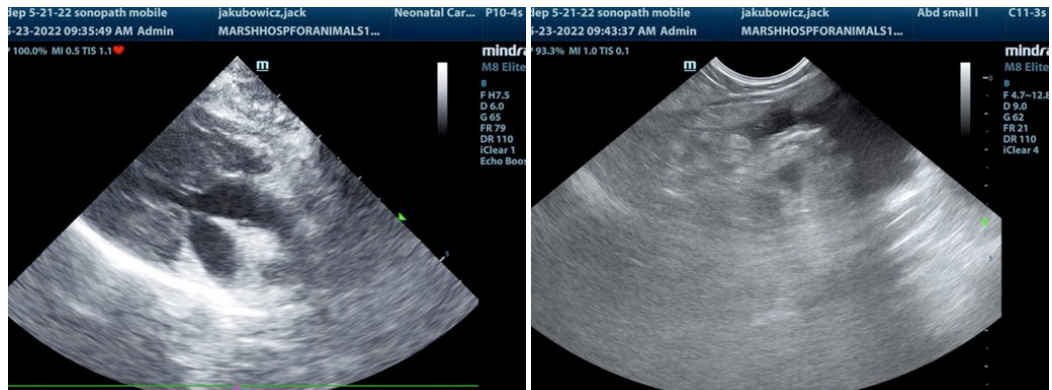
Mitral and tricuspid insufficiency.

Nodular omental changes with free fluid. Suggestive for an abdominal neoplastic process such as carcinomatosis or similar.

Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If anemia was present hemorrhage is a potential. The nodular omental changes suggest abdominal neoplasia with secondary lethal arrhythmia in the heart. The prognosis is poor.



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.

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