SonoPath
Clinical Sonography & Telecytology
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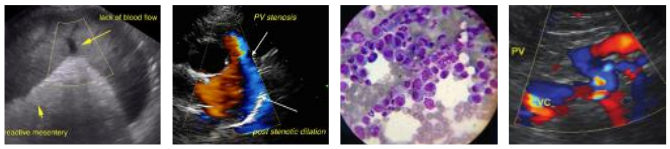

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Van Leeuwen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale Blue Ash Pet Hospital

REFERRING VET

Dr. Goodman

INVOICE

37438

DATE

5/5/22

PRESENTING CLINICAL SIGNS

Prev history of hypertrophic cardiomyopathy, diagnosed at a different clinic. was on atenolol, enalapril and baby aspirin until 1 year ago. No current medications. Presented on 5/2 for concerns with respiratory changes. Breathing intermittently seemed efforted and had an abdominal component to it. Radiographs taken and sent to MedVet for consultation (report attached). Blood pressure taken and WNL. Ran CBC/Chem/UA/T4 and results showed elevated kidney values compared to October 2021. Patient lives in a house hold with multiple cats. No issues eating or drinking, acting himself otherwise. No coughing, sneezing, vomiting or diarrhea.
Abnormal PE/Chem/CBC/UA Results: 10/7/2021: SDMA - 15 BUN - 27 Crea - 1.5 Phos - 3.4 11/4/2021: SDMA - 11 5/2/2022: SDMA - 28 BUN - 63 Crea - 2.8 Phos - 6.2 BP - patient in right lateral, cuff on left pelvic limb 1) 128/93 (103) 2) 154/80 (98) 3) 147/83 (100) 4) 139/85 (96) 5) 137/83 (87) 6) 131/87 (96)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	1.0	0.73	50	--
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	>2.5	2.5	2.22		--	0.6	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

Tachyarrhythmia noted during the exam with “smoke” in the left atrium. Right atrial enlargement noted with tricuspid insufficiency.

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.8 cm. The left kidney measured 3.8 cm.

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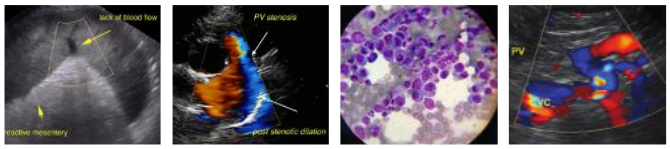

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Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.40 cm.

Spleen

The **spleen** was mildly enlarged with scalloping contour, measuring 1.0 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Reactive mesentery noted associated with the small intestine.

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.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with reactive mesentery
- Moderate chronic degenerative renal changes
- Splenic enlargement
- Hypertrophic cardiomyopathy with periodic tachyarrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria. FNA of the spleen indicated. Full thickness intestinal biopsies would be ideal. EKG warranted with likely Atenolol necessary to reduce heart rate. Pimobendan off-label at 0.3 mg/kg BID, Lasix at 6.25 mg/kg BID and Plavix therapy indicated. Prognosis is extremely guarded. The patient is at risk for sudden death. Recheck echo in two weeks.

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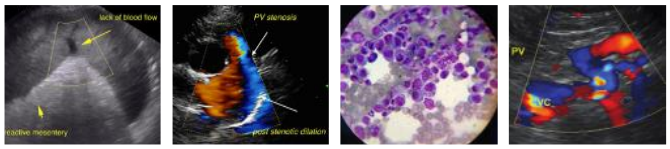

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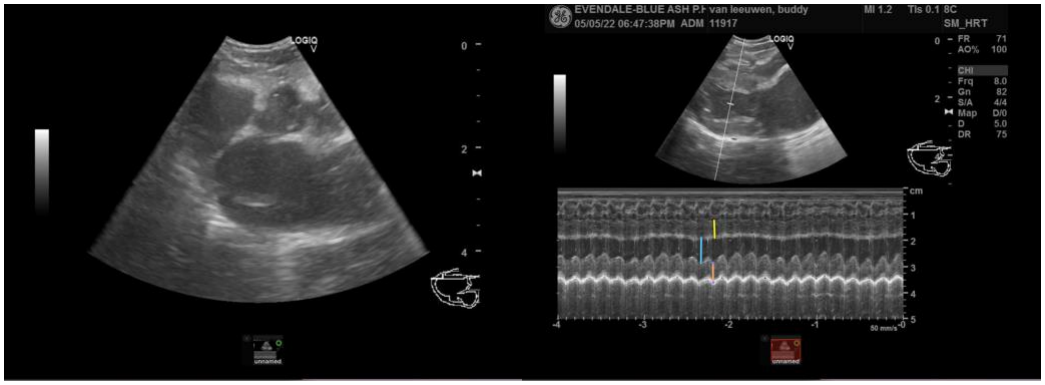

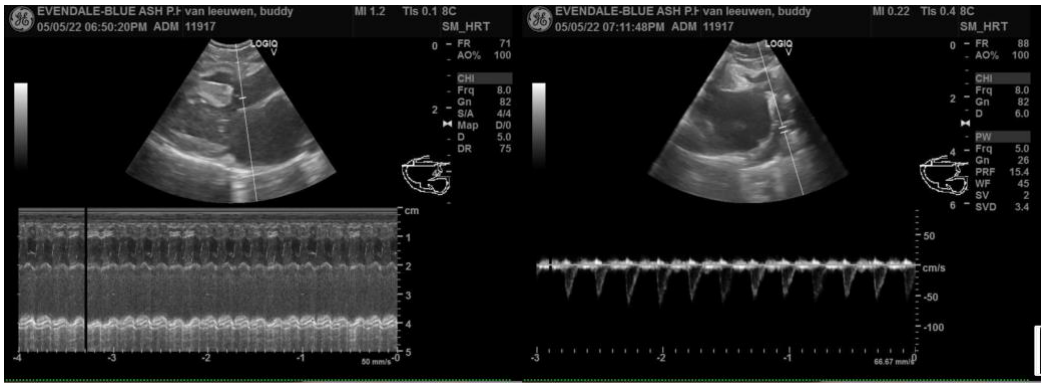

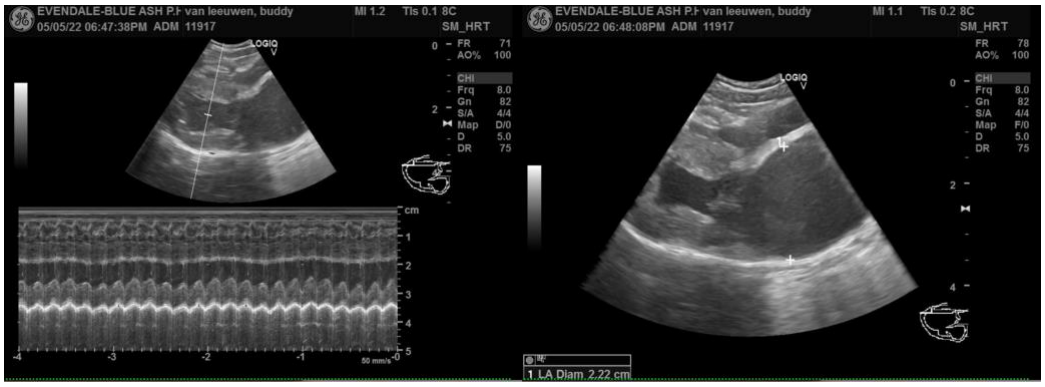

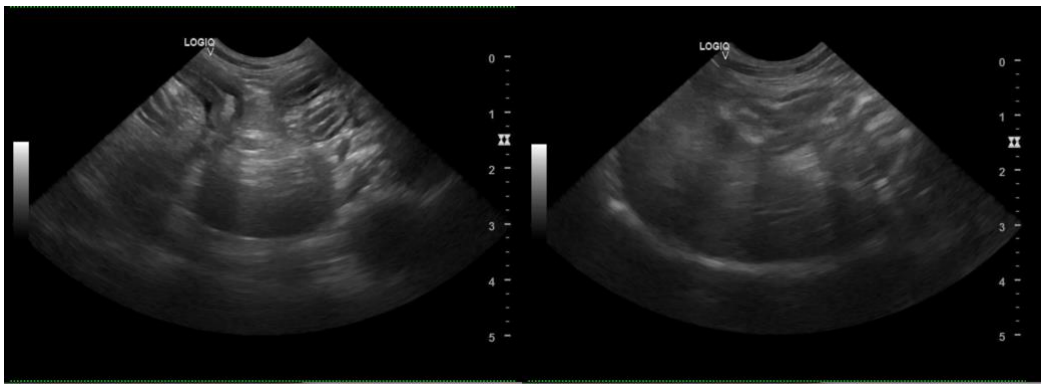

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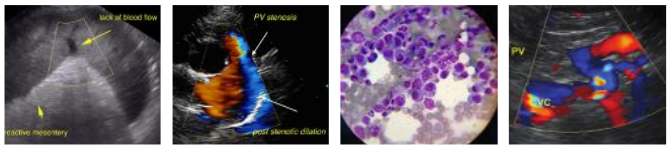

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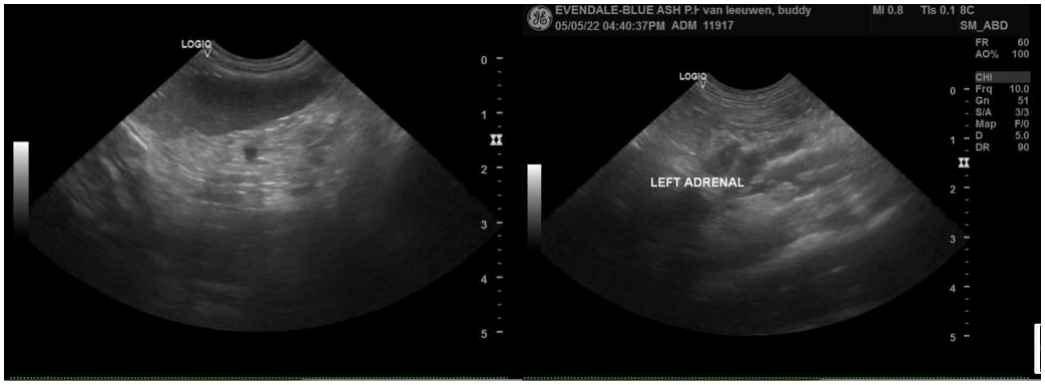

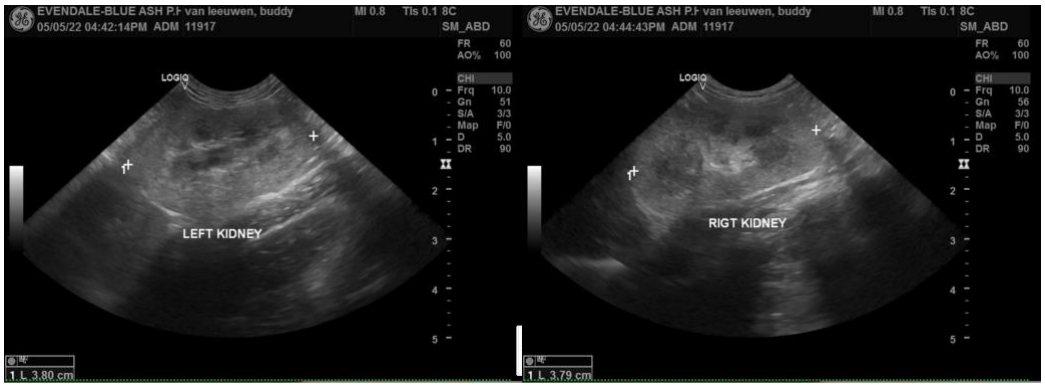

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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