

PATIENT PRESENTING CLINICAL SIGNS

Jay Gant Hx hyperthyroidism ~6 yrs, Hx periodic constipation. Anorexic for 4 days prior to presentation. Mentation: Quiet, alert and responsive. Hydration: 5% dehydrated Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted Oral Cavity: Grade 4/4 periodontal disease; mucous membranes are pale and tacky; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated Cardiovascular: 3/6 systolic heart murmur auscultated, pulses were strong and synchronous. Respiratory: Expiratory dyspnea, increased bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation Neurologic: PLR (direct & consensual) positive OU, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed). Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation Rectal: NE due to temperament Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale Musculoskeletal: BCS 2/9, decreased musculature Cerenia, protonix, lactulose, furosemide. Has been on methimazole and cisapride prior to admission, but has not had either in several days.

Feline Abnormal PE/Chem/CBC/UA Results: 3/6 systolic murmur HR: 184, RR: 36 CBC: HCT 24 Chem: ALT 171, Neu 12.3 T4: 1.6 UA: USG 1.020 Rads: Pleural effusion, pulmonary edema and cardiomegaly. This is most consistent with congestive heart failure. Lasix therapy with repeat radiographs are recommended. Additionally echocardiogram should be considered for further evaluation. - Megacolon. Differentials include idiopathic, chronic constipation, neurogenic, or metabolic. - Multifocal chronic IVDD.

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.2 kg

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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	0.42	1.69	0.5	30	75
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	2.2	>2.0	2.4		0.9	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							

IMAGING PERFORMED BY

Andrea Nicastro, DVM,

Diplomate ACVIM

(Small Animal Internal Medicine)

HOSPITAL NAME

Veterinary Specialty

Care - Mt. Pleasant

REFERRING VET

Dr. Huggins

INVOICE

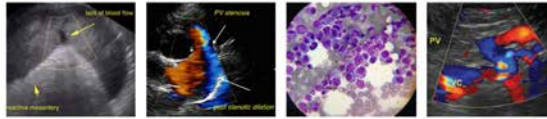
39387

DATE

7/11/22

Cardiac Presentation

The cardiac presentation revealed volume overload in the left and right atria. Mitral insufficiency noted on spectral and color flow assessment. Tricuspid insufficiency noted. Mild pericardial effusion noted owing to left-sided failure. Pleural effusion also noted. Comet tail lung pattern noted in the peripheral lung fields, consistent with pulmonary edema. Hepatic veins were not dilated. No right-sided failure present at this time. Contractility was subnormal.



PATIENT PRIMARY FINDINGS

- Jay Gant
- Unclassified cardiomyopathy with left-sided heart failure
- Mitral and tricuspid insufficiency
- Pericardial effusion without tamponade effect

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

No evidence of masses. Recommend triple therapy in this patient with off-label Pimobendan at 0.30 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, and Lasix at 12.5 mg BID, diminishing to 6.25 mg BID over the next 48 hours based on any azotemia and hydration and blood pressure status. Plavix therapy also indicated. Recheck echo in two weeks. Guarded prognosis. Causes of myocarditis should also be considered based on regional infectious diseases.

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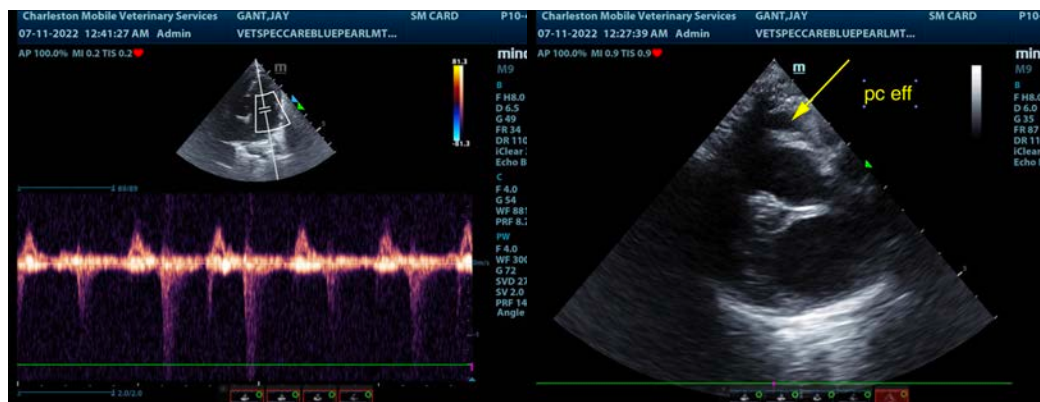
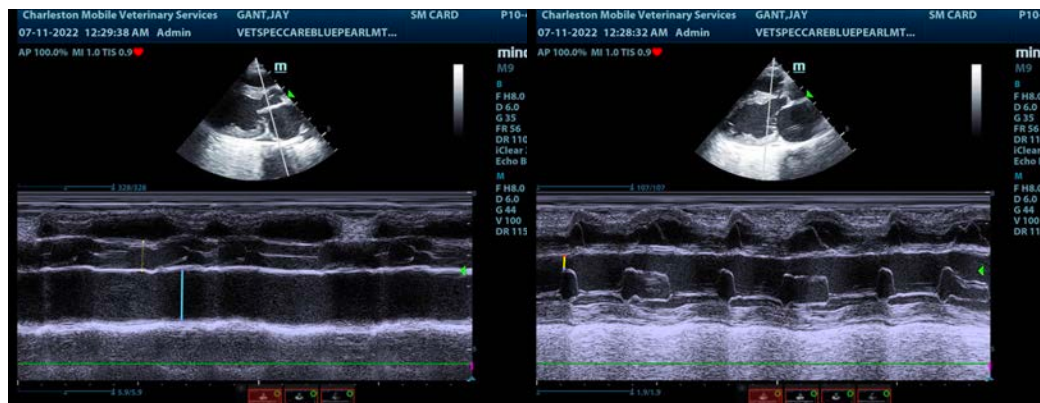
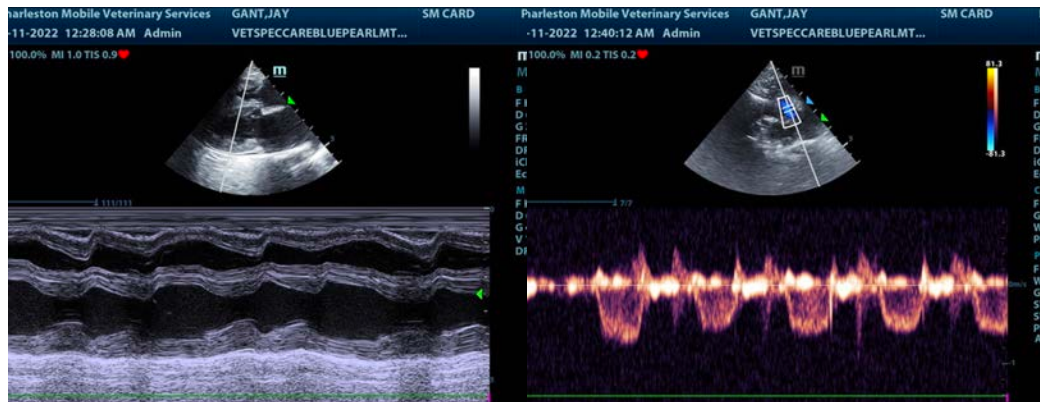
Dr. Huggins

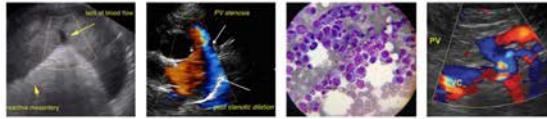
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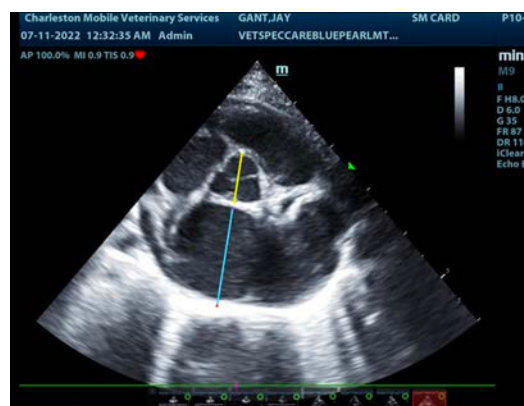
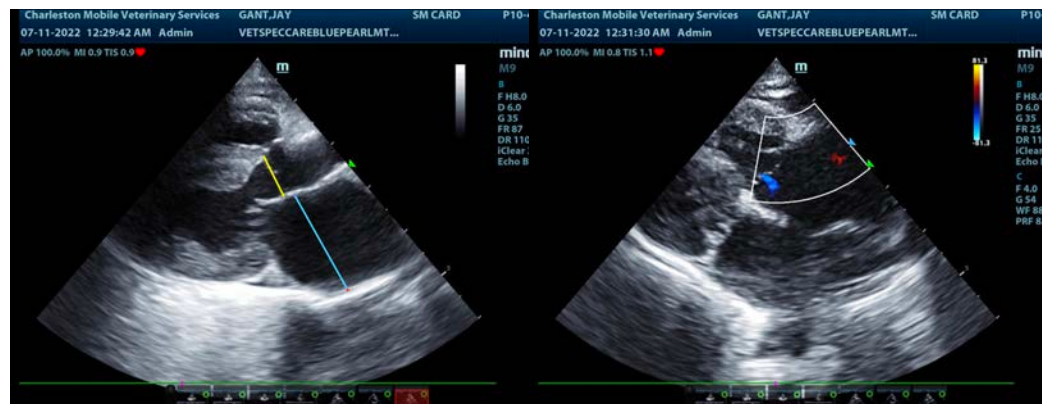
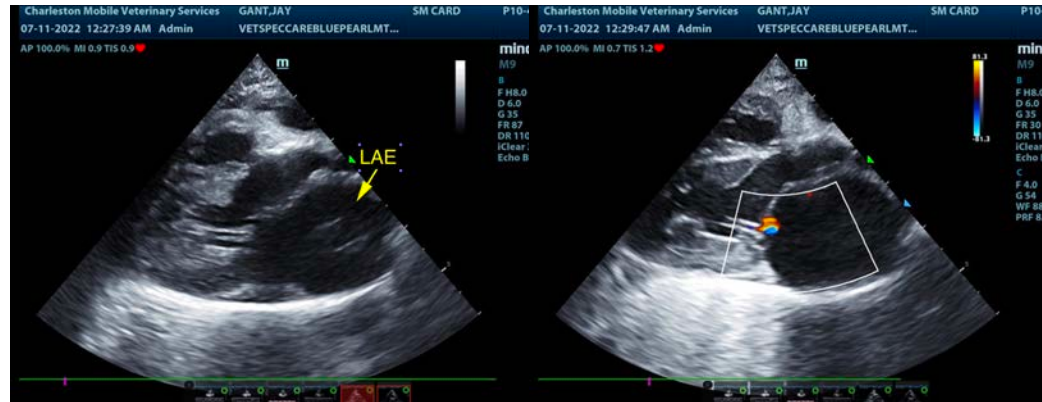
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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