



PATIENT

Stache Nielson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.9 Pounds

PRESENTING CLINICAL SIGNS

History: Patient has been diagnosed with pleural effusion/chylothorax. FeLV negative.

Abnormal PE/Chem/CBC/UA Results: 6-10-22 CBC: WNL Chem 17: Amylase 1657; otherwise WNL T4: 3.0 Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	212	0.52	1.61	0.52	42	76
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	2.02	2.0	2.0	1.00	--	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							

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

INVOICE

16545

DATE

7/8/22

Cardiac Presentation

The **left atrium** was enlarged in this patient owing to unclassified cardiomyopathy. 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). Pleural effusion was noted. Slight pericardial effusion was also noted. Hepatic veins were dilated.

Variable areas of lung consolidation noted in the extracardiac space, surrounded by pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Left sided heart failure with slight pericardial and a large amount of pleural effusion with irregular pleura



PATIENT

Stache Nielson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

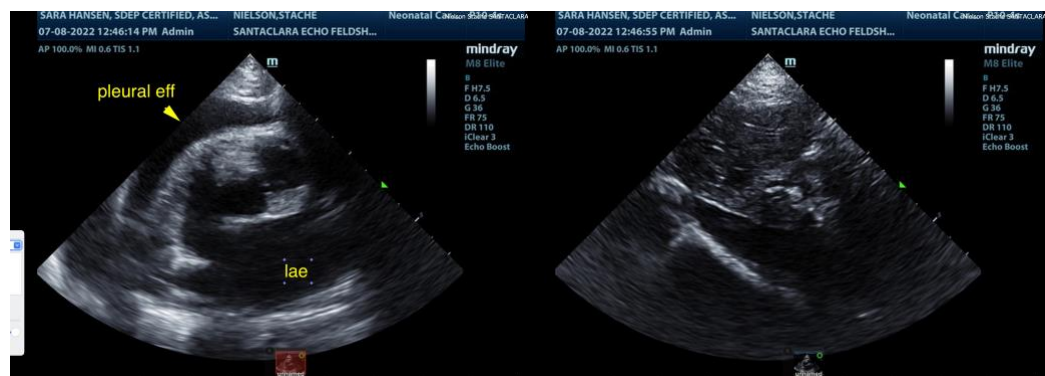
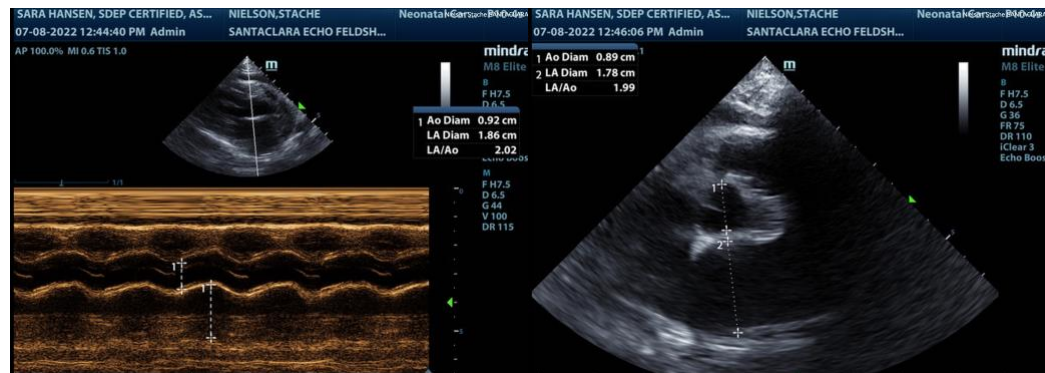
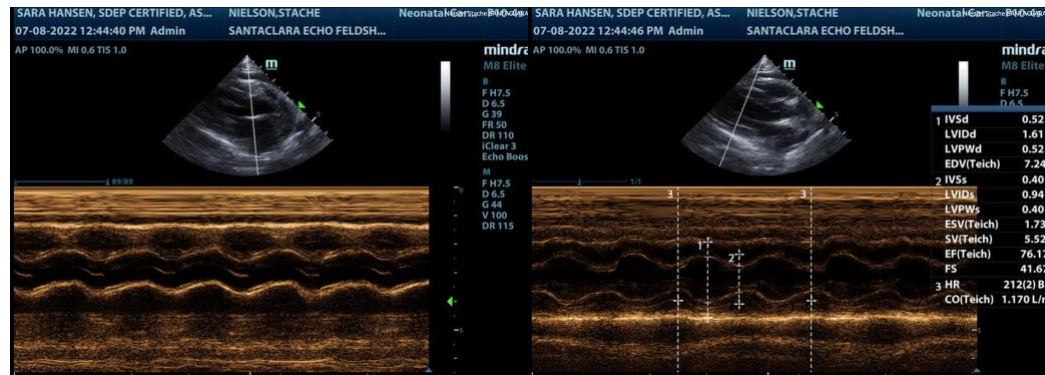
Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Note that the cardiac presentation may not completely justify the pleural effusion in this patient. I recommend initiating a clinical trial of Pimobendan at 0.3 mg per kg BID, Lasix at 6.25- 12.5 mg BID and abdominal sonogram to assess for concurrent disease. Chest CT would be ideal for further definition. Recheck echocardiogram in 10 days. Plavix therapy could also be justified. Pleurocentesis and cytospin are indicated to assess for exfoliating neoplasia, such as lymphomatosis that may be complicating the presentation.



INVOICE

16545

DATE

7/8/22



PATIENT

Stache Nielson

SPECIES

Feline

BREED

DSH

SEX

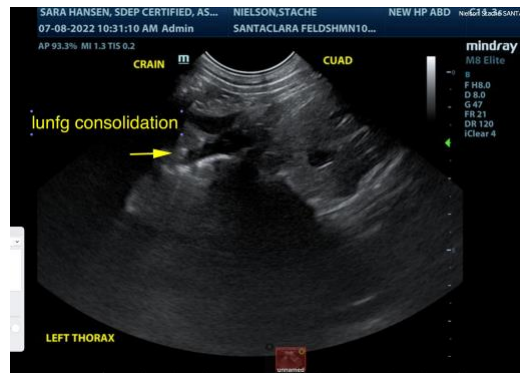
Neutered Male

AGE

10 Years

WEIGHT

12.9 Pounds



The information and recommendations provided are based on the images presented by the 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
info@SonoPath.com

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted-Maki

INVOICE

16545

DATE

7/8/22