

PATIENT PRESENTING CLINICAL SIGNS

Pumpkin Forster

Presented for laboured breathing and wheezing - Indoor/outdoor cat - History of heart murmur - MM pink/moist - Periodontal disease present - HR ~ 164, no arrhythmia noted, III/VI murmur (not new) - Increased respiratory rate and effort, lungs very wheezy/musical, some reduced sounds cranially - OBESE meds: furosemide

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: please see attached rads - Dilated pulmonary vein - Suspect pleural effusion in cranial lung lobes, scalloping of lung - Mild bronchial pattern - Fat in mediastinum?

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13.8 kg

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		180-230	0.95	1.76	0.94	50	84
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	1.71	1.4	1.4		3.8	1.8	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

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Albright

INVOICE

40020

DATE

8/2/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral valve** leaflets appeared mildly thickened with some insufficiency noted on Doppler. Mitral insufficiency of 2.0 m/sec. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** insufficiency noted. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. Prominent **pulmonary** artery noted. The vena cava tapered adequately. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. Large amount of thoracic fat noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate HCM phenotype without volume overload
- Mild excessive left ventricular outflow velocity
- Large amount of thoracic fat



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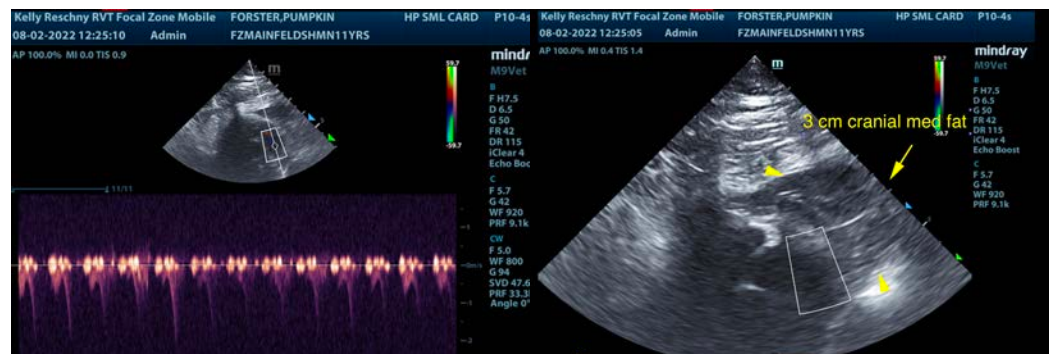
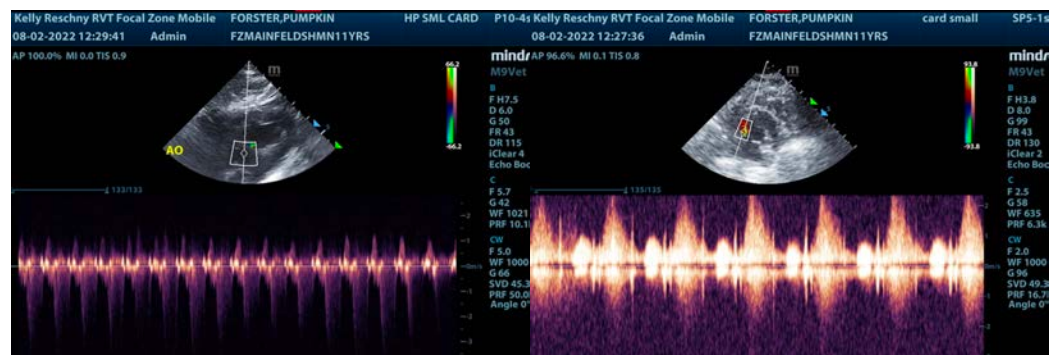
Main Street AH

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of congestive heart failure. The labored breathing in this patient is primary respiratory and non-cardiogenic. Even though left ventricular hypertrophy is present, it is not a clinical issue at this time. Feline bronchial disease likely. Non-visible heartworm possible. Heartworm testing warranted. Primary treatment for bronchial disease indicated with bronchodilator, Zithromax or similar antibiotic +/- low-dose Prednisolone, or AeroKat treatment. No cardiac medications recommended at this time. Recheck echo in 6 months.

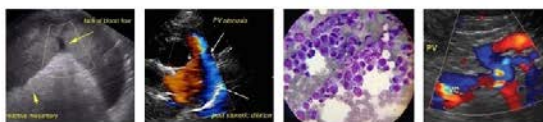


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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