



PATIENT

Shelby Catherine

SPECIES

Feline

BREED

Persian Cross

SEX

Neutered male

AGE

3 years

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Inam ul haq

HOSPITAL NAME

City Veterinary Clinic

REFERRING VET

Dr. Inam ul haq

INVOICE

46479

DATE

8/8/23

PRESENTING CLINICAL SIGNS

History: Referred by a colleague with the complain of acute onset of bilateral hind limb paralysis. Both limbs showed differential perfusion. Orthopedic injury was ruled out by the RDVM. Abdominal US showed ATE. Cardiac ultrasound was also done to find the origin of the thrombus. Grade 4 HM was heard on the left hemithorax region

Abnormal PE/Chem/CBC/UA Results: Abnormal proBNP results. The patient is in CHF

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The cardiac presentation revealed severe volume overload in the left atrium and right atrium with smoke. Mitral insufficiency was noted. Concentric hypertrophy of the left ventricle was noted with systolic anterior motion. Arrhythmogenic activity was also noted. No pericardial or pleural effusion was noted. Given the patient's history saddle thrombus is likely. Tricuspid insufficiency was also noted with right atrial enlargement. Atrial septal deviation was noted owing to left atrial volume overload. Periodic tachyarrhythmia is present. A saddle thrombus was noted in this patient and extended for at least 1.5 cm.

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	0.74	1.28	0.78	29	61
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		2.0	> 2.5	>2.0	0.93	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							

ULTRASONOGRAPHIC FINDINGS

Hypertrophic cardiomyopathy with left-sided heart failure and arrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ensuring heat support to keep body temperature > 98 degrees Fahrenheit. Plavix, off label use of Pimobendan (0.3 mg/kg bid) and Lasix at 2-3 mg/kg b.i.d. based on hydration and azotemia. Torbutrol can be utilized for pain related to the thrombus as well as reducing oxygen capacity. EKG is indicated. O₂ therapy is indicated. The prognosis is extremely guarded.



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This patient is at risk for sudden death. This is consistent with end stage hypertrophic cardiomyopathy; however, classification can change if the patient is able to stabilize long enough for a recheck echocardiogram. Ace inhibitor therapy can be considered, yet this should be utilized if the patient can be stabilized with Lasix, Pimobendan and Plavix as well as Oxygen therapy.

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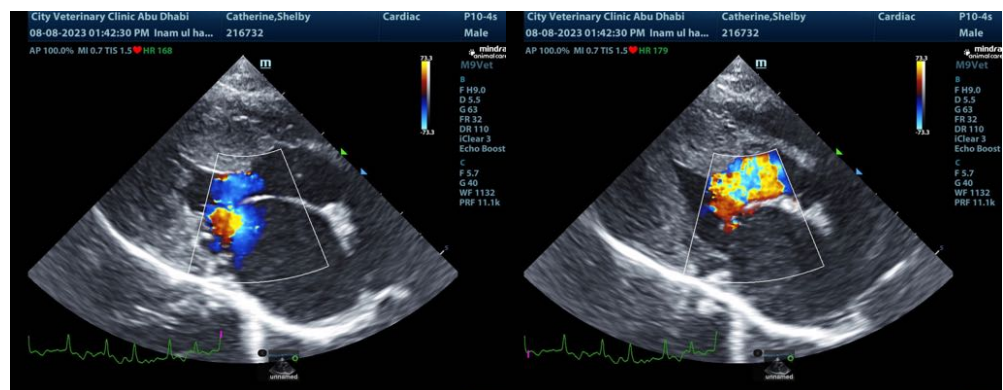
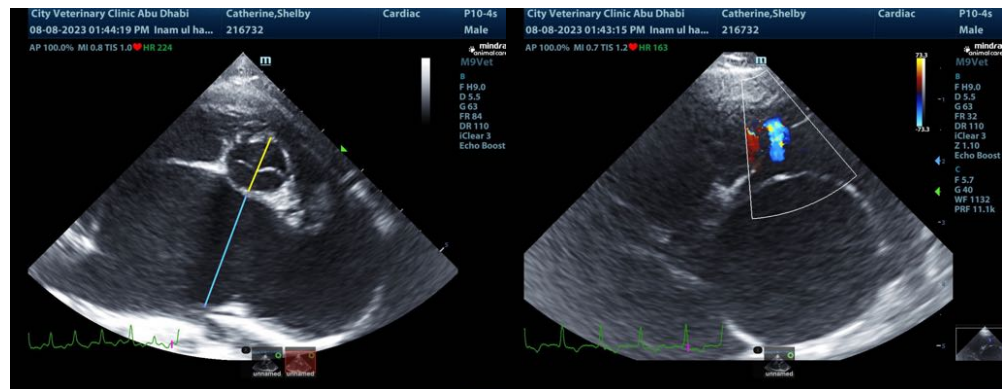
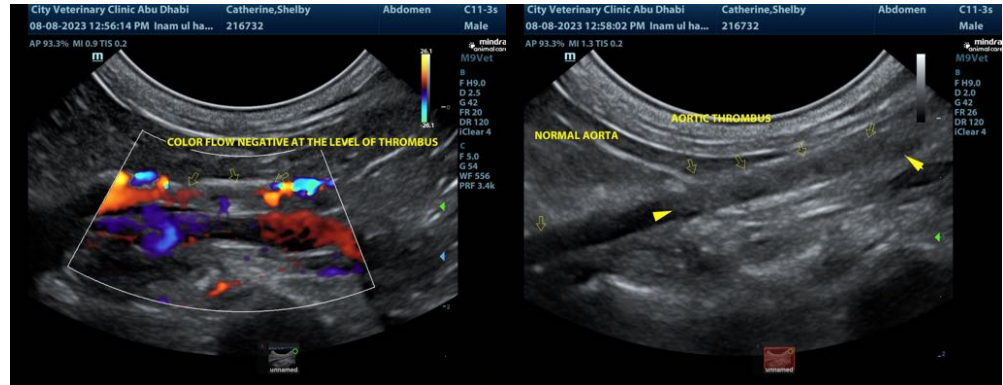
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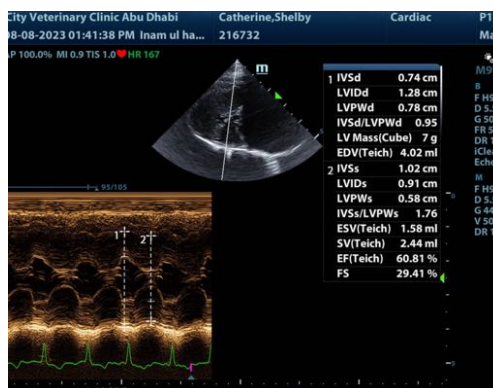
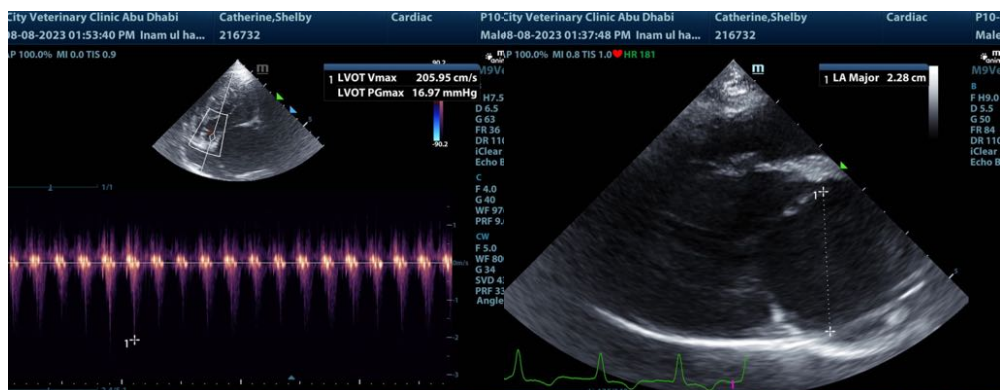
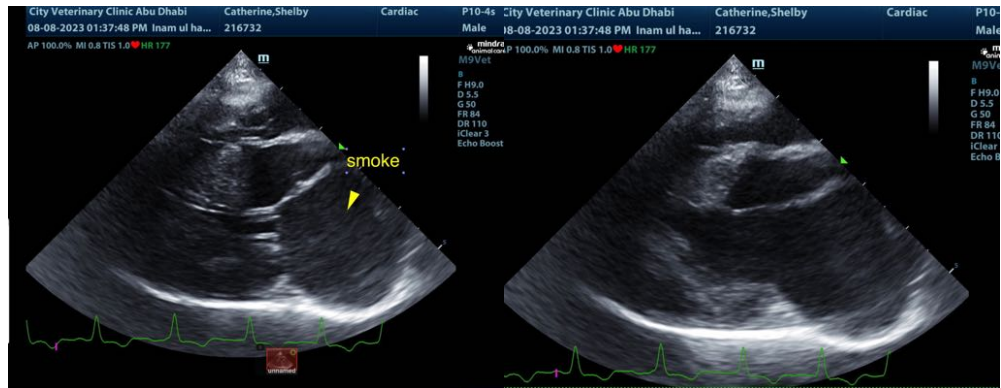
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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