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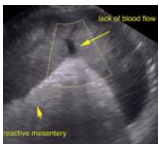
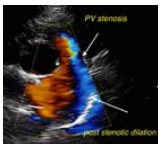
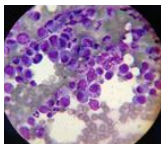
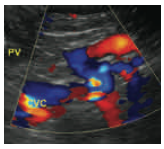

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1-800-838-4268 info@sonopath.com

PATIENT
Harry Frazier

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
14 years

WEIGHT
12.2 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. McFeely

HOSPITAL NAME
Straley VA

REFERRING VET
Dr. McFeely

INVOICE
91895

DATE
9/16/21

PRESENTING CLINICAL SIGNS

History: Harry presented 13 days ago for exam because owner was concerned he was eating less than normal, had mild constipation and occasionally vomited while defecating in the litter box. A 2/6 murmur was ausculted and rate and rhythm were normal. After fairly unremarkable lab work, radiographs and abdominal ultrasound were recommended. When Harry came in for the imaging 1 week ago, he was dyspneic and tachypneic, and pleural effusion was found on chest rads. A thoracocentesis performed removed 35ml of modified transudate from one side, and 45ml from the other side of his chest. fBNP was abnormal. Harry was started on 12.5mg furosemide PO BID and cardiac u/s was scheduled, and the abdominal u/s was not performed. Harry did well over the week and was breathing normally today when he presented for his cardiac u/s exam. He received 1.1mg Butorphanol IV to lightly sedate for the procedure today, and his BP was normal at 110mmHg systolic with the doppler.
fBNP abnormal on 9/9/21 CBC mild nonregenerative anemia Chem: mildly elevated amylase, rest normal T4 normal SDMA normal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Smoke was noted in the left atrium. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented concentric hypertrophy with dynamic left ventricular outflow obstruction. Free wall papillary was excessively thickened. Systolic anterior motion was noted in the **left ventricular outflow tract**. 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). Mild **pericardial** effusion was noted as well as pleural effusion. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	12.2 lbs	NM		1.2	0.6	55	
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	2.0	2.4		0.7	0.8	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

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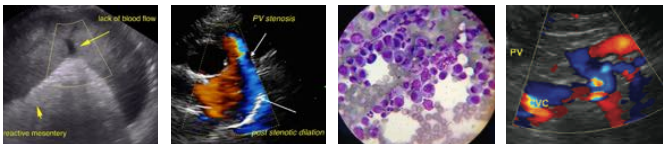

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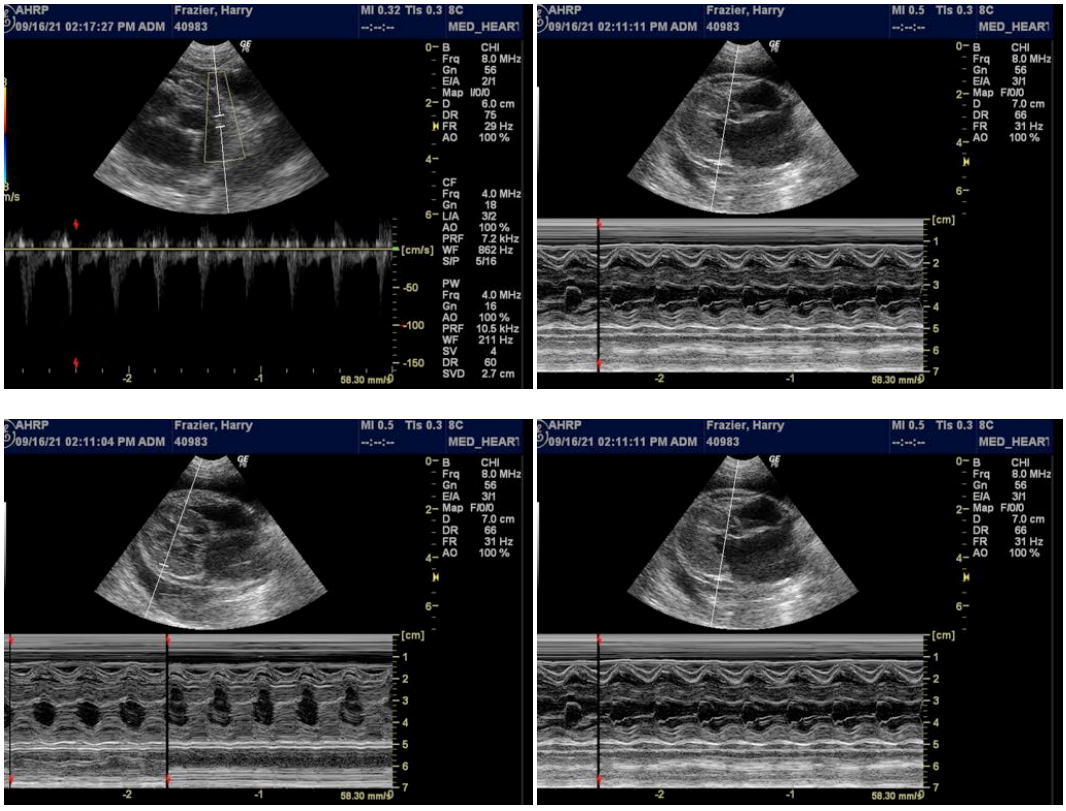
ULTRASONOGRAPHIC FINDINGS

Left-sided congestive heart failure owing to hypertrophic cardiomyopathy and dynamic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of Lasix therapy. Ace inhibitor at 0.5 mg/kg s.i.d. is recommended. It is debatable on whether Pimobendan should be utilized in this patient off label as there is no consensus in this patient. However, in light of lack of response to therapy Pimobendan could be considered at 0.3 mg/kg b.i.d. Palliative pleurocentesis would be warranted if respiratory rates > 25/minute and pleural effusion is present on radiographs and ultrasound. Plavix therapy is also indicated. This patient is at risk for sudden death. Very guarded to poor long term prognosis. Some quality of life may be obtained through palliative therapy. EKG and blood pressure measurements are warranted. A recheck echocardiogram is recommended in 2 weeks.



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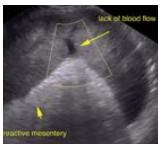
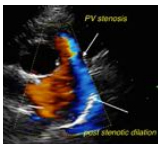
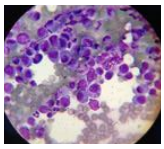
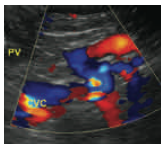

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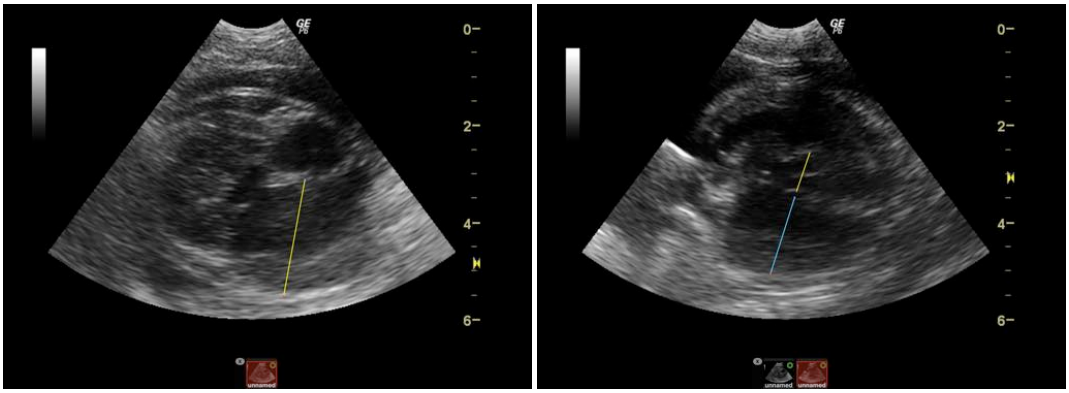

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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