


PATIENT PRESENTING CLINICAL SIGNS

Bowen Howdle
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 16 years
WEIGHT 4.95 kg

History: Presenting complaint: hind end weakness/unable to use hind legs, incontinent. Seemed painful. Seemed to be incontinent (urine/feces) Long term diabetic and is on 8u glargine q12h Weight loss 18.4lb in Feb 2021, Today is 10.9lb Physical Exam: presented tachypneic/painful/in distress at admit. Was placed in oxygen. Left hind nail beds are discoloured - purple, but right side was normal. Femoral pulses are palpable both sides. Does have pain and withdrawal reflex. Suspect partial saddle or other embolic Rule out HCM/DCM, T 37.3C, HR 172, RR 44, MM pink, quiet. BP 161/115(131), 177/106(114), 173/146(157)

Abnormal PE/Chem/CBC/UA Results: please see attached rads. BG 1.77mmol/L (not sure if accurate, repeated 1500 and was 7.7mmol/L), CBC lymphopenia (0.63) otherwise normal Rest unremarkable. BGs taken from both hind limbs (RH 4.3mmol/L, LH 2.7mmol/L)

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	--	125	0.55	1.42	0.51	32	65
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	1.3	1.5	1.2		.77	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							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. **Mitral** insufficiency noted on pulse wave doppler. 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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Normal blood flow was noted at the iliac trifurcation.

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Dr. Bourque

INVOICE

13117

DATE

9/17/21



PATIENT

Bowen Howdle

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with trivial mitral insufficiency

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary cardiac disease to be contributing to the clinical signs.

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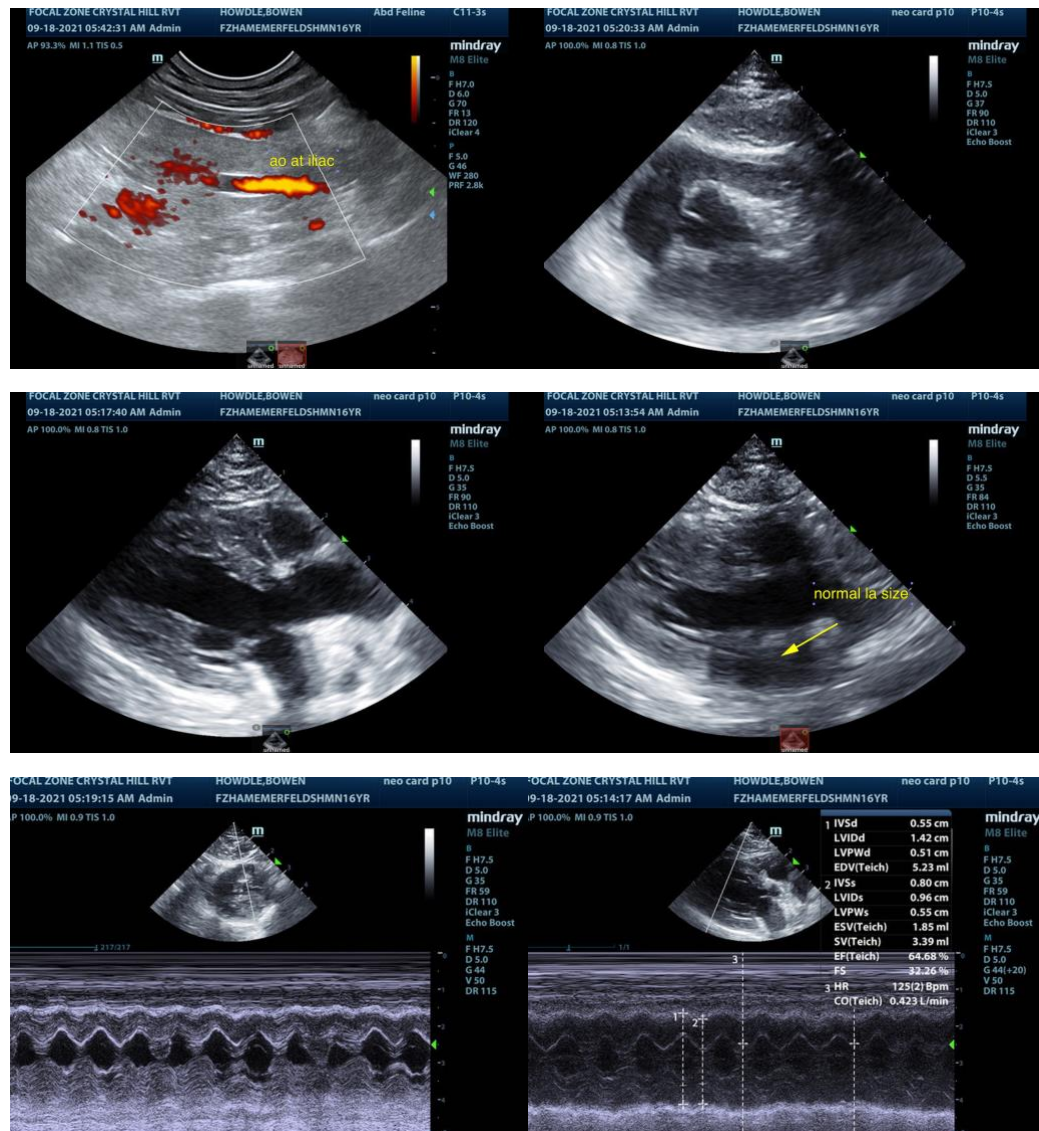
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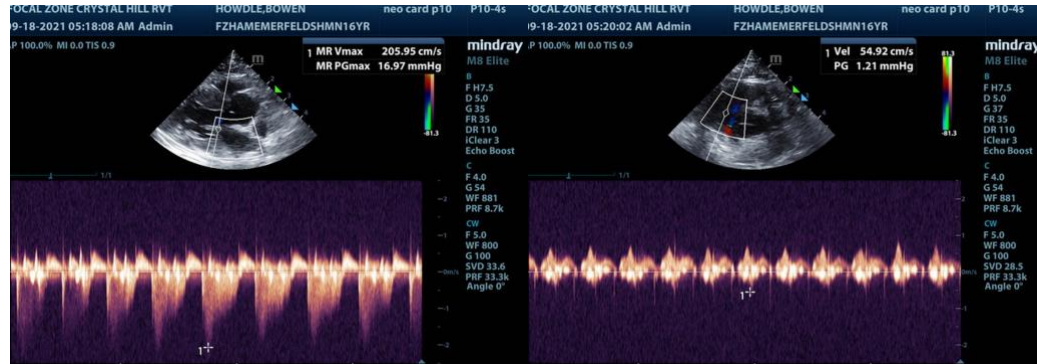
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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