

PATIENT

Muddy Sprinkles
Borders

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

4.51 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Wilvet of Salem

REFERRING VET

**

DATE

12/21/21

Invoice
94800

PRESENTING CLINICAL SIGNS

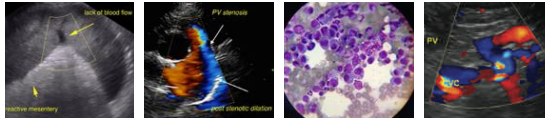
PRESENTING COMPLAINT: respiratory distress episodes __ **HISTORY:** _patient has a history of having episodes where patient seems to struggle to breath and heaves, normally these episodes last 30-45 seconds and they happen a few times a month on average, happens more when owner pets patient, last night patient had his worst episode yet per owner, patient has no history of other health issues. _ kw **CURRENT MEDICATIONS/SUPPLEMENTS:** _no_ ::**PLAN::** proBN- very abnormal CBC Chem17 elects 3 view radiographs chest Primary Question/Differential to Be Answered in This Exam Asthma or Cardiac disease?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. 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). Mild pleural effusion was noted in this patient with what appeared to be herniated intestine. The right thorax appeared to have intestinal loops in the chest along with hepatic tissue. The heart angle was mildly deviated.

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	0.3	1.2	0.3	45	
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	1.35		1.3	1.2	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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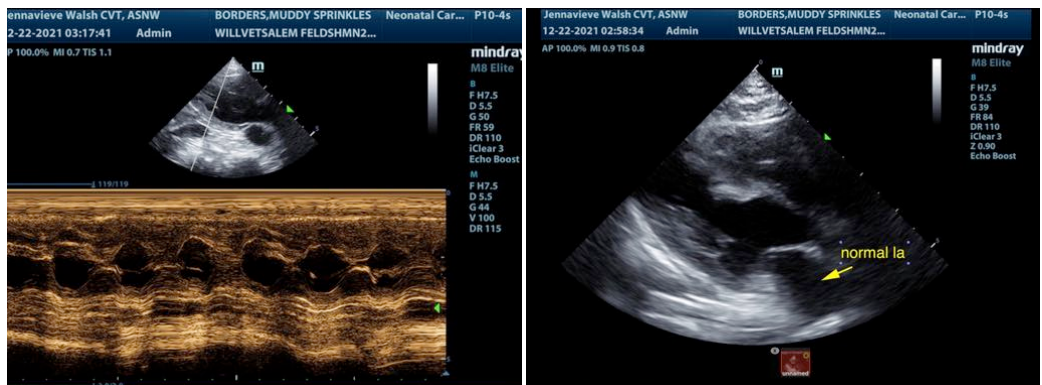
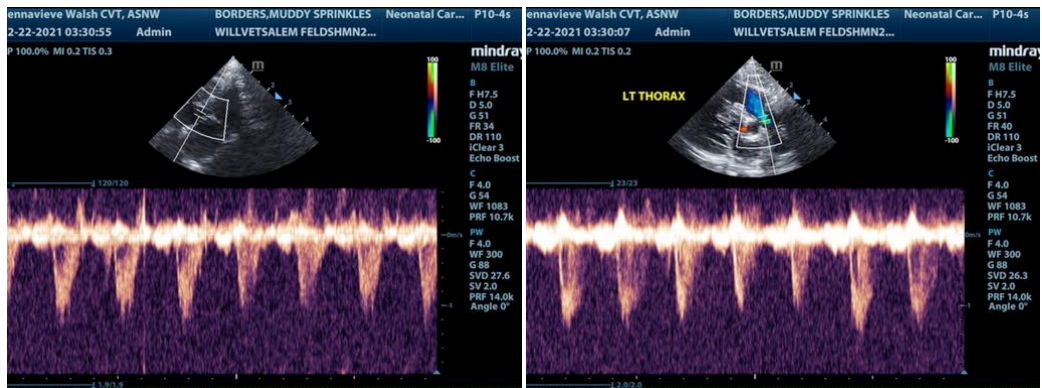
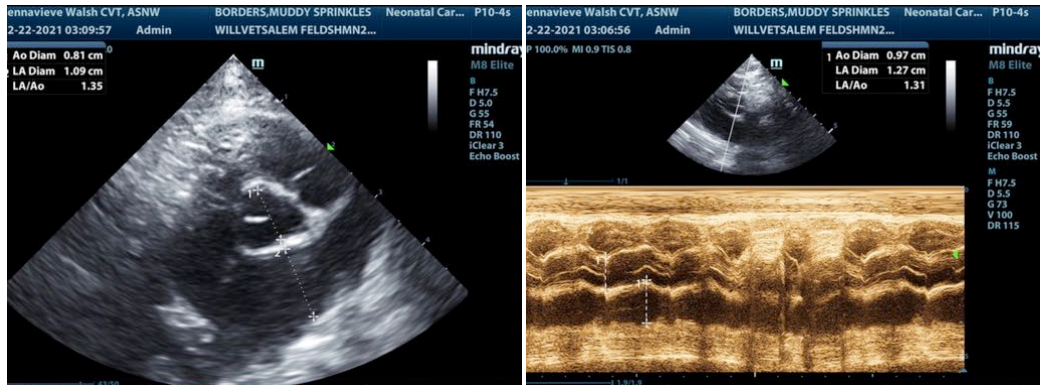
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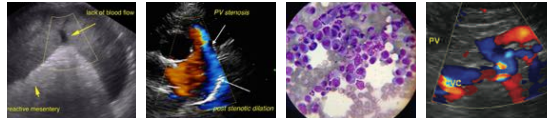
ULTRASONOGRAPHIC FINDINGS

Clinical presentation is consistent with diaphragmatic hernia acquired versus congenital.
Hepatic and intestinal tissue appeared to be occupying the thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is not a clinical player in this patient. Treatment should be based on chest radiographs +/- CT.





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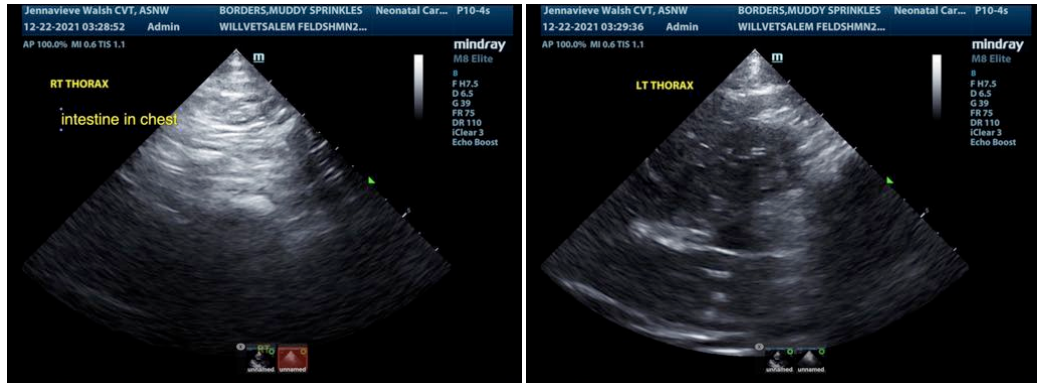
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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