



PATIENT

Yoda Arico

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Lantz

DATE

2/6/23

Invoice

42708

PRESENTING CLINICAL SIGNS

History: P has been diagnosed with CHF, doing an echo to monitor progress on patient.
Abnormal PE/Chem/CBC/UA Results: Heart Rate and Respiratory Rates 216 and 36 Blood Pressure Measurements 177/158

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented normal septal and mildly thickened free wall. Right atrial and left atrial enlargement was persistent. There was smoke noted in the left atrium. Minor pericardial effusion was present. Volume overload was similar to the prior echocardiogram; however, now there is slight pericardial effusion present. This represents a mild decompensation.

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	4.3	1.2	0.75	35	
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	2.4	2.17	> 2.0				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, unclassified cardiomyopathy with left and right-sided volume overload.

Minor smoke.

Trace pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the mildly elevated heart and respiratory rates I recommend continuing current medication with Pimobendan, ace inhibitor and Lasix. Plavix therapy would be warranted if not already utilized. I recommend to eliminate Prednisolone if being utilized. Spironolactone can be considered at 1-2 mg/kg b.i.d. However, azotemia should be monitored carefully as well as any reaction to medication. Further



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options are limited. Cardiology referral can be considered for further potential options. The prognosis long term is guarded.

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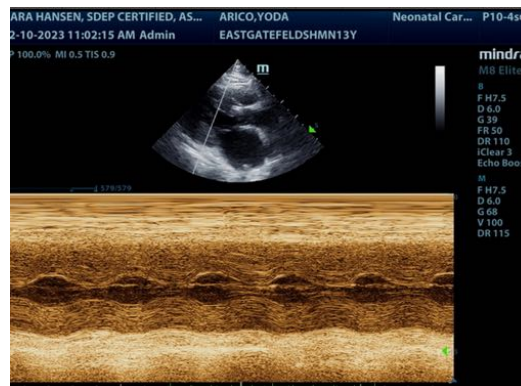
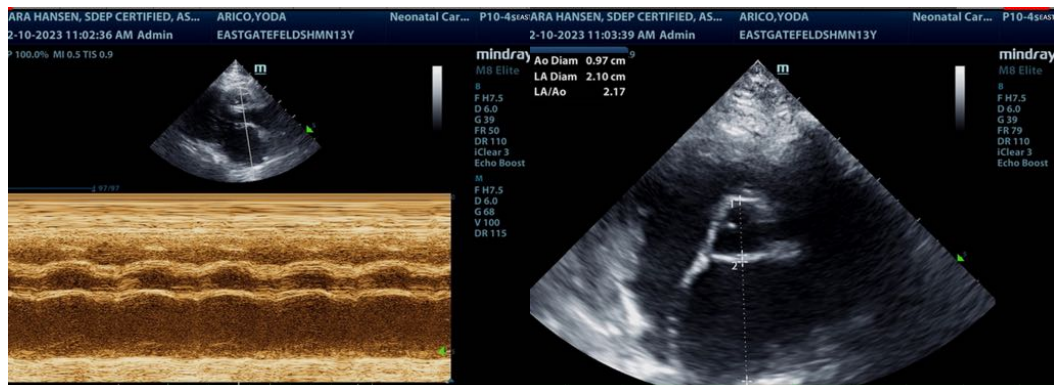
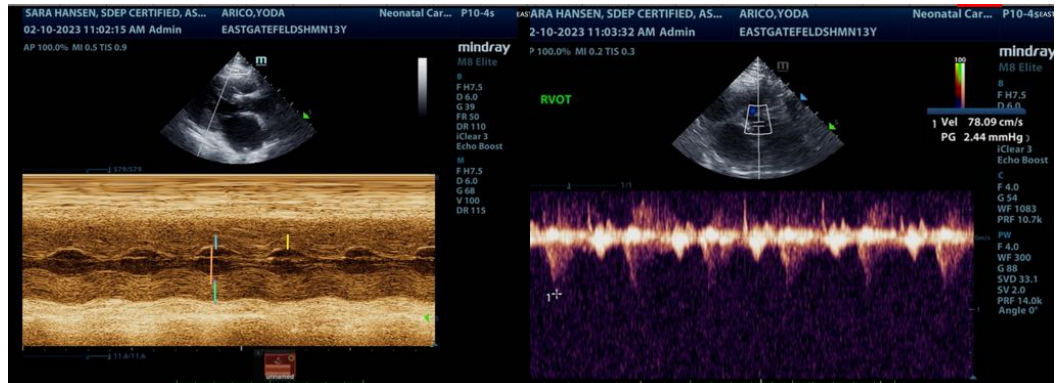
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.





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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com

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