Animal Sounds NW
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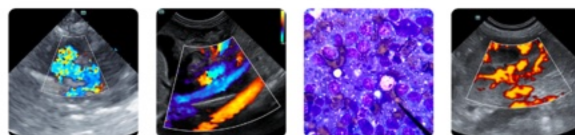


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
www.animalsoundsnw.com
info@animalsoundsnw.com 541.357.9423

PATIENT

Ziggy Reed

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.08 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Giddens

INVOICE

78371

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- - Intermittent unproductive cough - r/o hairball/foreign material, upper respiratory infection, asthma
- - Pulmonary consolidation adjacent to heart - r/o pulmonary mass, pulmonary contusion, cardiac-associated lesion
- -wt loss
- ABNORMAL Labwork Values
- - CBC: *Mildly anemic*. White blood cell count normal.
- - Chemistry Panel: Liver values, kidney values, blood glucose all normal.
- - Spec fPL: Normal.
- - Thyroid level: Normal.
- Current Medications unknown for now

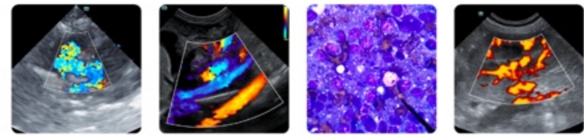
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Sectorial hypertrophy was noted in the **left ventricle** with **myocardial** remodeling and infarcts. There was concentric thickening with **mitral insufficiency**. **Contractility** appeared adequate. There was volume overload noted in the left and right heart. 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). The hepatic veins were not dilated. No overt masses are noted in the extracardiac space. Pulmonary vascular congestion is noted.

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	10.08 lbs	NM					
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.8	2.0	>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 phenotype with remodeling and bilateral atrial enlargement.



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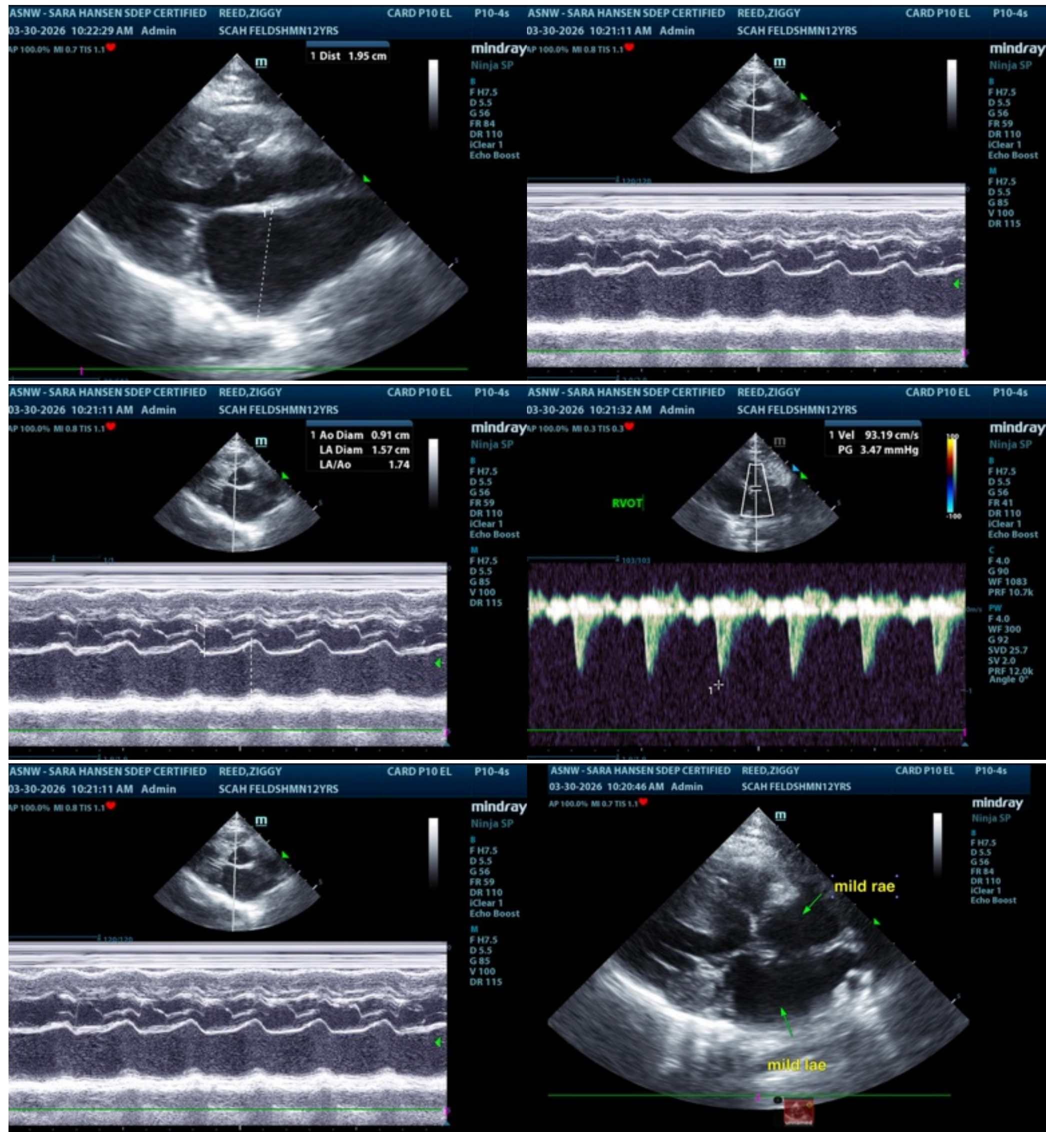
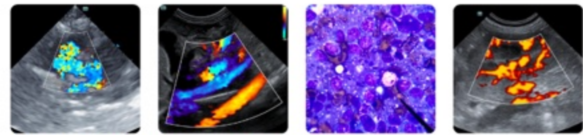
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe that this patient is just close to entering into left sided heart failure. I recommend ace inhibitor therapy and Plavix at this point. There is some spontaneous contrast in both atria. I recommend ace inhibitor therapy at 0.5 mg/kg s.i.d. Broad spectrum antibiotic may be recommended if pulmonary disease is suspected. The cough is typically cardiogenic. However, given the mild left atrial enlargement, mainstem bronchus impingement is a potential in this particular case. Given the weight loss an abdominal sonogram is recommended to assess for comorbidities. A recheck echocardiogram is recommended in a month. It is debatable on whether low dose Lasix should be utilized at this point. However, I recommend an abdominal sonogram to assess for comorbidities in this patient. Broad spectrum antibiotics such as Zithromax would be indicated. Reassessment of the clinical signs +/- recheck echocardiogram in 2-4 weeks.





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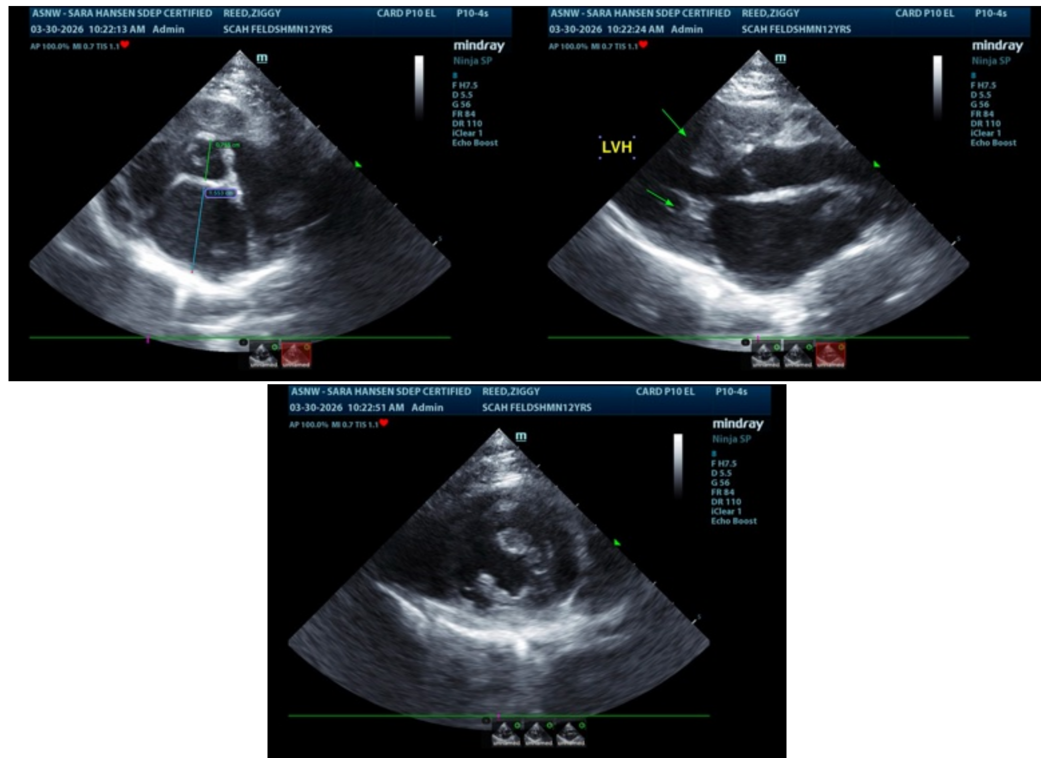

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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