

PATIENT PRESENTING CLINICAL SIGNS

Yoda Arico History: Increased expiratory respiration effort and lung sounds, mild intermittent crackles R lung field. Clinically stable.
Abnormal PE/Chem/CBC/UA Results: 216 HR; 36 RR Blood Pressure Measurements 177/158 (167)
SPECIES Current Medications Prednisolone 1.25-2.5mg po s.i.d.-e.o.d.; Vetmedin 1.25mg po bid; furosemide 12.5mg po bid; benazepril 5mg po s.i.d.
Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Domestic Shorthair The echocardiogram in this patient presented **left** and **right** sided enlargement with sectorial hypertrophy of the left ventricle. Hypokinesis was noted in the left ventricular free wall. Sectorial hypertrophy and echogenic remodeling was noted. This is consistent with fibrosis. **Mitral** and **tricuspid** insufficiency is present. Slight amount of **pericardial** effusion was noted.

SEX

Neutered male

AGE

13 years

WEIGHT

13.4 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Lantz

DATE

9/27/22

Invoice

39638

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	0.86	1.67	0.95	40	
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		>2.5		1.0	0.9	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

Left and right sided heart failure.
Hypertrophic cardiomyopathy with left and right sided heart failure.
Slight pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend diminishing Prednisolone in this patient. I recommend to continue Vetmedin, Furosemide and Benazepril. Plavix therapy is also indicated. Spironolactone can be considered at 1-2 mg/kg b.i.d.



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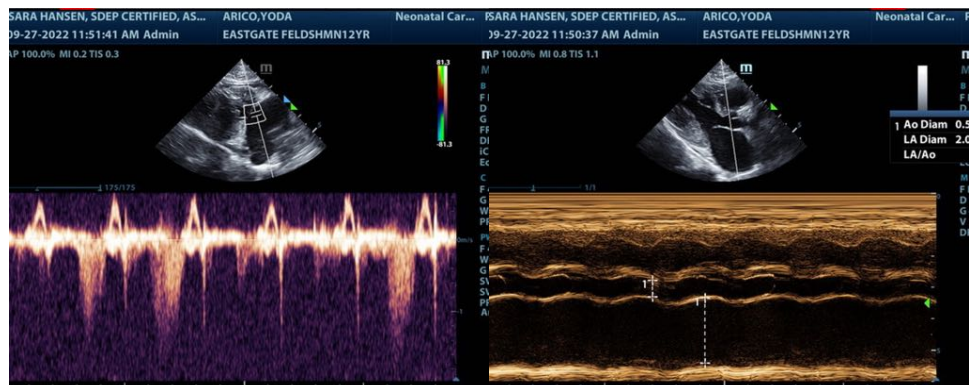
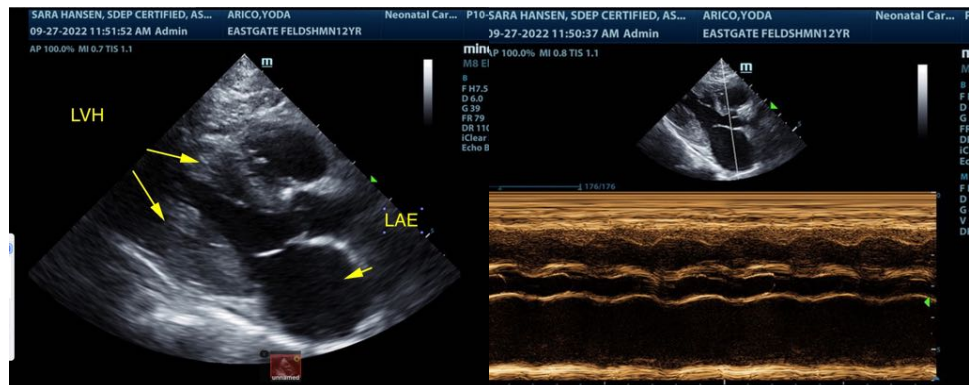
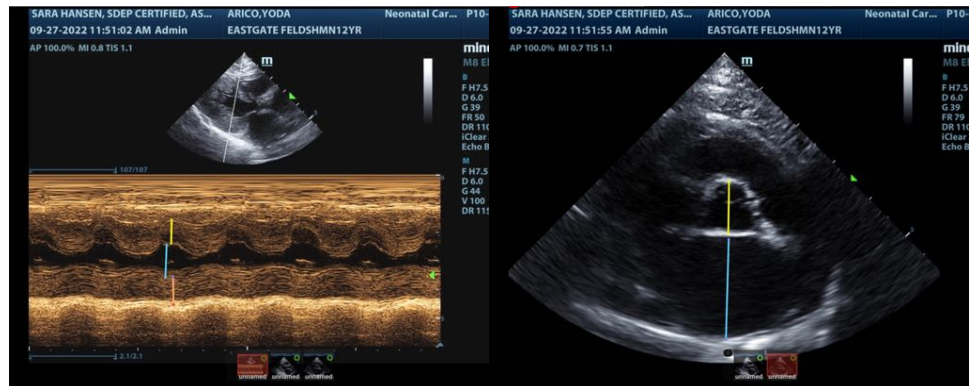
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However, this should be monitored closely regarding BUN, creatinine and any hypotension. The prognosis long term is guarded. Target sleeping respiratory rate of < 25/minute. It appears that the patient is decompensating under the current medication protocol. If Prednisolone is not absolutely necessary for other comorbidities then I recommend gradually stopping the Prednisolone to reduce potential of volume extension.





PATIENT

Yoda Arico

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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of SonoPath.com

Eric.Lindquist@SonoPath.com

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