



PATIENT

Stanley Dikes

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9y 3m

WEIGHT

13.6 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Eppler

INVOICE

13085

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Acute onset 1/9/26 lethargy, nasal discharge. Ascites- Tfast finds LAE. R/O Cardiomyopathy.

Current meds: Clopidrogel 75mg; Benazepril 5mg; Vetmedin 1.25mg; Furosemide 12.5mg, Omega benefits

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	13.6	NM	0.53	2.0	0.50	35	68
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	--	2.4	2.5	1.0	0.7	--	
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 left ventricle wall exhibited normal dimension with remodeled myocardium and regions of asymmetry. Mild hyperechoic endocardium consistent with fibrosis. LV systolic function is adequate. The LV and RV are both borderline dilated. Left atrium is significantly dilated and bulbous in appearance with evidence of disorganized thrombus/smoke present. The right atrium exhibited concurrent moderate dilation. No evidence of spontaneous contrast. Mitral valve was mildly thickened with minor eccentric MR. Tricuspid valve mildly thickened with mild TR noted. Blood flow through both the LVOT and RVOT is normal in velocity. No evidence of pericardial or pleural effusion. No overt cardiac tumors or arrhythmia present.

ULTRASONOGRAPHIC FINDINGS

- Bi atrial enlargement with LA spontaneous contrast
- Normal dimension LV with myocardial remodeling and adequate systolic function
- Minor to mild MR/TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of bi atrial enlargement with overall normal LV wall thickness is most suggestive of unclassified cardiomyopathy, however burnout or end stage HCM/RCM can have this appearance. Regardless of classification, the degree of atrial dilation confirms the diagnosis of congestive heart failure. Long-term prognosis is likely unfavorable. Assessment to current cardiac therapeutics and as



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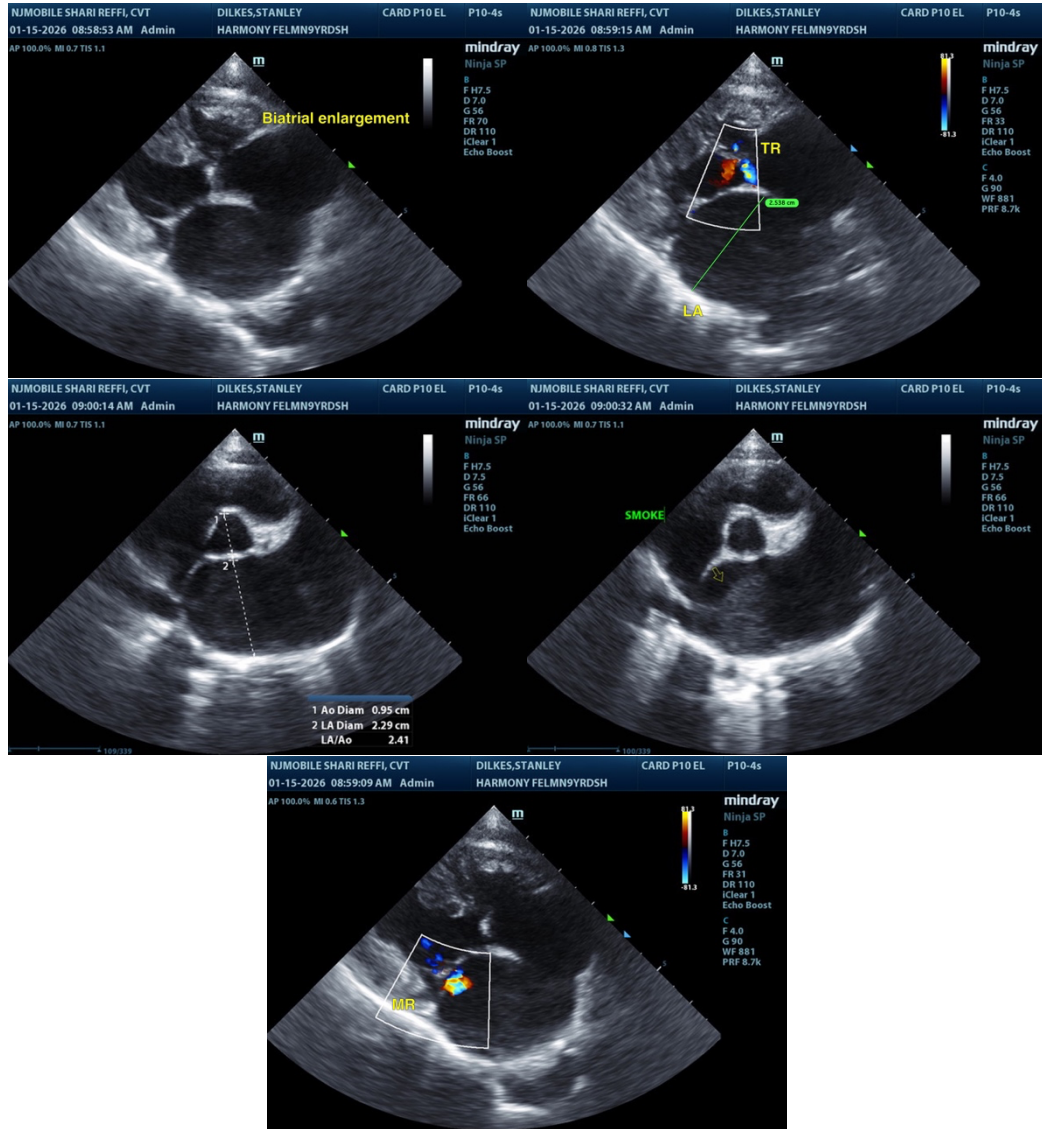
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needed sonographic monitoring is advised. Going forward, this patient will be at severely increased risk of progressive CHF, malignant arrhythmia and thrombotic event. If not currently instituted, Clopidogrel 75 mg tab 1 quarter tab SID is recommended. Monitoring ECG, renal parameters and systemic BP are suggested. Elective anesthesia is not advised. Recheck echocardiogram is recommended in 3-4 months, sooner if clinically indicated.





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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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