



## PATIENT

Leo Rogers

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

11 years old

## WEIGHT

11.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

Glen Rock VH

## REFERRING VET

Dr. Scott Stekler

## INVOICE

13105

## DATE

1/19/22

## PRESENTING CLINICAL SIGNS

Patient presents for dyspnea, decreased appetite. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Bloods pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		NM	0.52	1.74	0.52	23	51
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)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>	--	3.0	2.7	0.8	0.7	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							

## Cardiac Presentation

The left ventricular wall is remodeled with regions of asymmetry. Diffusely hyperechoic endocardium consistent with fibrosis is present. Prominent papillary muscles with remodeling are present. LV systolic function is decreased. The LV exhibited increased volume with mild concurrent increased RV volume. The left atrium is severely dilated and bulbous in appearance. Concurrent severe right atrium dilation is present with evidence of spontaneous contrast / smoke. The mitral valve was normal with trace centralized MR. Concurrent mild centralized TR was present. Blood flow through the LVOT and RVOT appeared to be laminar. Moderate volume pleural effusion is present. No overt evidence of cardiac tumors was noted. Potential for very scant concurrent pericardial effusion is possible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Unclassified cardiomyopathy - subjectively end-stage
- Moderate volume pleural free fluid
- Evidence of right atrial spontaneous contrast / smoke



**PATIENT**

Leo Rogers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 years old

**WEIGHT**

11.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Scott Stekler

**INVOICE**

13105

**DATE**

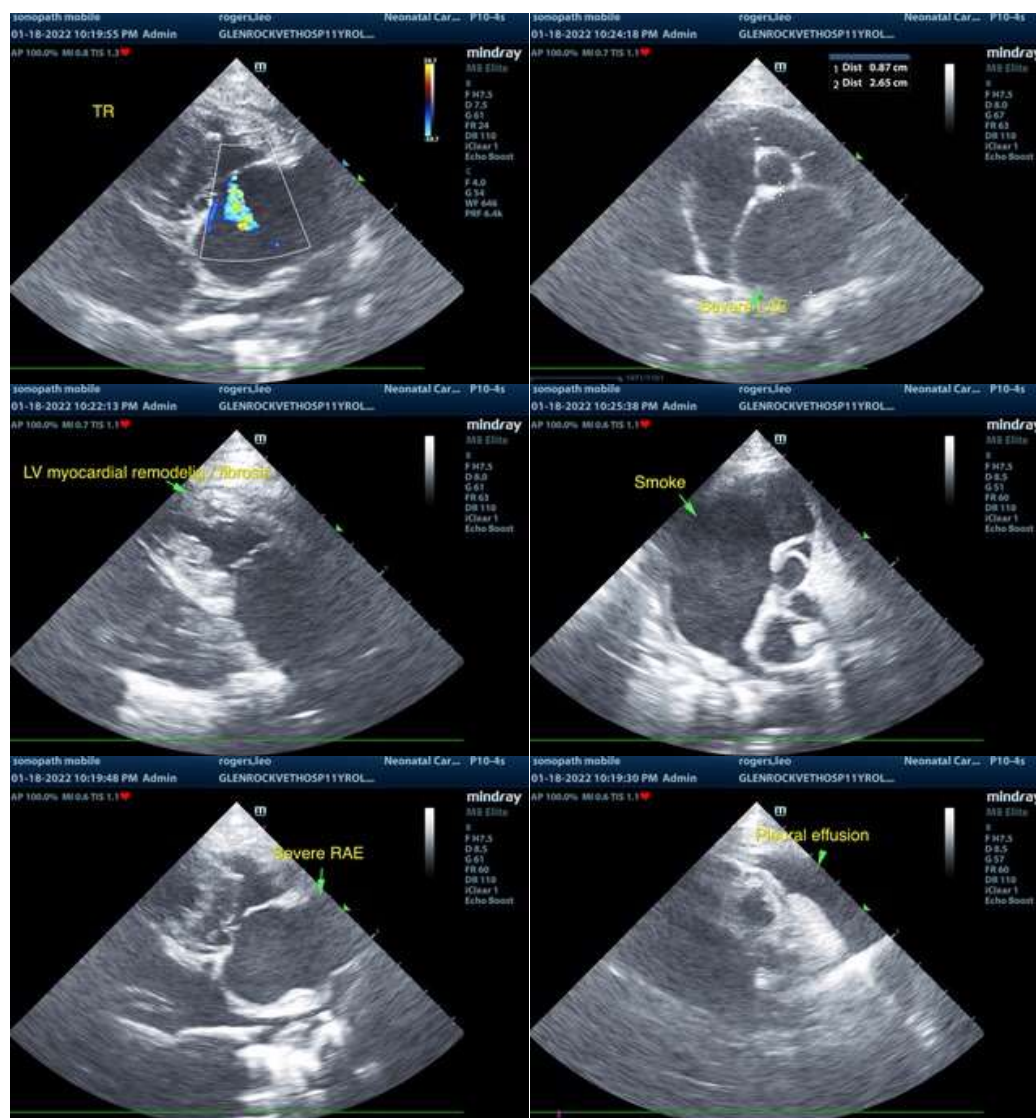
1/19/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of biatrial enlargement in the face of normal TIS LV thickness is most consistent with unclassified cardiomyopathy, although burnout or end-stage HCM can also have this appearance. Severe diastolic and systolic LV dysfunction are present. Finally, there is evidence of early thrombus formation within the right atrium and potentially within the left atrium.

Regardless of classification, the degree of biatrial enlargement confirms the diagnosis of congestive heart failure. Long-term prognosis is poor with continued elevated risk for episodes of congestive heart failure, blood clot events, and/or sudden death.

Consider hospitalization for stabilization with oxygen therapy and injectable Lasix. Lifelong Lasix 1-2.0 mg/kg PO BID, Clopidogrel 75.0 mg (1-4 tab) PO SID, given high thrombus risk, as well as off-label Pimobendan 1.25 mg PO BID are recommended. Monitoring of renal values, blood pressure, and ECG assessment would be ideal. However, an unfavorable prognosis is Indicated.





**PATIENT**

Leo Rogers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 years old

**WEIGHT**

11.7 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Scott Stekler

**INVOICE**

13105

**DATE**

1/19/22

**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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**