


PATIENT

Dusty Durante

PRESENTING CLINICAL SIGNS

AUS done 1/16/23 - large distended fluid filled abdomen; heart briefly viewed, saw some chamber enlargement; arrhythmia heard on auscultation.

SPECIES

Feline

On furosemide 12.5mg x 1/2 bid, prednisolone 5mg sid

Abnormal PE/Chem/CBC/UA Results: WBC 2094, platelets 641, monocytes 1.32, neuts 24.1; ALT 228, glu 168

BREED

Persian

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

15yr

WEIGHT

6.5lb

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		196	0.41	1.45	0.42	44	79
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		1.30	1.5	1.0	0.9		
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							

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. 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. No overt TR on Doppler. 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). Normal measured RVOT velocity.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Bihlear

INVOICE

12769ag

DATE

01/24/2023

No visible pericardial or overt free pleura fluid was noted or extra cardiac pathology in the visible planes. The cardiac cranial mediastinum and pericardial regions were free of masses in the visible window. Subjective possible pericardial pulmonary comet tail artefact was present.

Unclassified intermittent arrhythmia noted. Brief sonographic assessment of the cranial abdomen revealed no obvious evidence of hepatic congestive criteria with previously noted peritoneal effusion.



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure, normal LA/LV volume
- Unclassified arrhythmia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of structural or functional cardiomyopathy including no evidence of significant left/right chamber enlargement, LV systolic dysfunction or overt clinical pulmonary hypertension indicate that the previously diagnosed peritoneal effusion appears to be non-cardiogenic in origin. No overt evidence of HCM criteria although possible subjective minor LV pseudohypertrophy owing to volume depletion and diuretic therapy is possible.

BREED

Persian

The unclassified arrhythmia could be secondary to systemic disease without evidence of structural cardiomyopathy as a contributing factor. ECG assessment is recommended for further assessment. Aside from the arrhythmia, no overt indication for cardiac medications although low dose diuretic therapy given peritoneal effusion with monitoring of renal parameters would be unreasonable.

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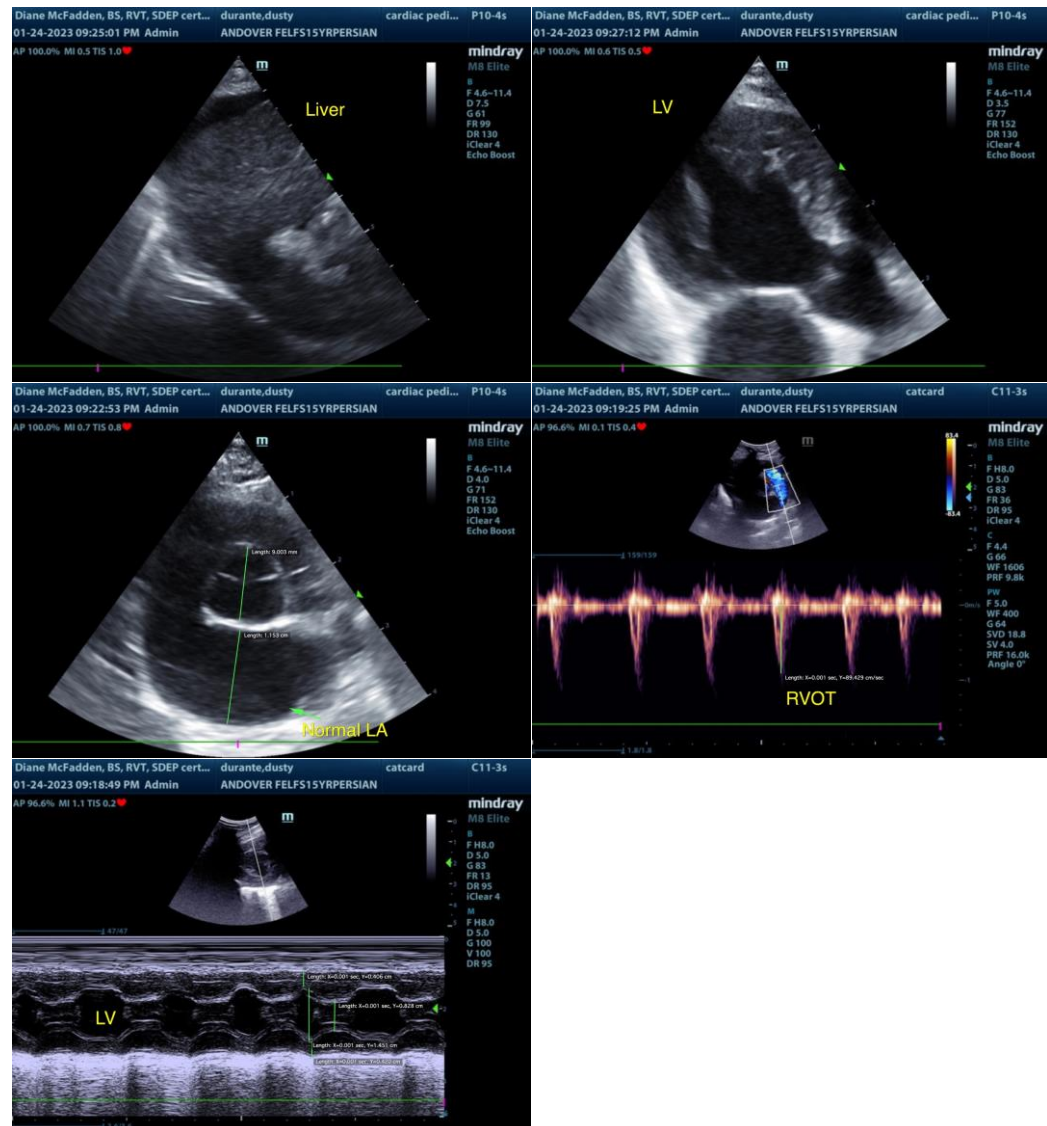
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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