

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lola Youhana respiratory inspiratory dyspnea - poss since Jan 5 (owner reported her head was down) HR: 164; no HMR heard T; 37.2 Dehydrated 5 - 7% Wt. 3.13 KG. Jan. 5 small amount feces and lethargic blood exam NSF Abd - nothing abnormal felt Rads done Jan. 14 - pleural effusion; lots of gas in intestines, small amount feces in rectal area Advised Moveh or emerg.. several times and appointments were cancelled by owner difficulty to hear chest as purring or vocalizing was going to another clinic but cancelled 1-28-22 Can auscult chest better with quiet lung sounds ventral right and crackling and noisy on dorsal right Quiet but discernable lung sounds on left - effort breathing with head extended meds: clavamox, lactulose

SPECIES Feline

BREED DSH

Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
SEX			150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
Spayed Female								
AGE			179	0.38	1.25	0.42	45.5	81
4 Years								
WEIGHT	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/)	
3 kg								
INTERPRETED BY	NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	PATIENT		1.4	1.1	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							

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Milliken

INVOICE

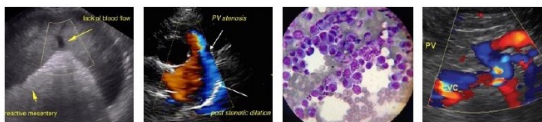
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DATE

1/28/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with subjective maintained linear contour and was not dilated or restricted. Potentially, a mild amount of spontaneous contrast was visualized within the left ventricular lumen. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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. 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). Moderate volume pleural free fluid present, exhibiting mild cellular component. No evidence of concurrent pericardial free fluid. Unspecified mildly non-homogeneous thoracic mass lesion noted adjacent to the heart, measuring approximately 2.6 cm in diameter. No overt evidence of hernia. No overt evidence of cardiac or pericardial masses noted.



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Lola Youhana

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BREED

DSH

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WEIGHT

3 kg

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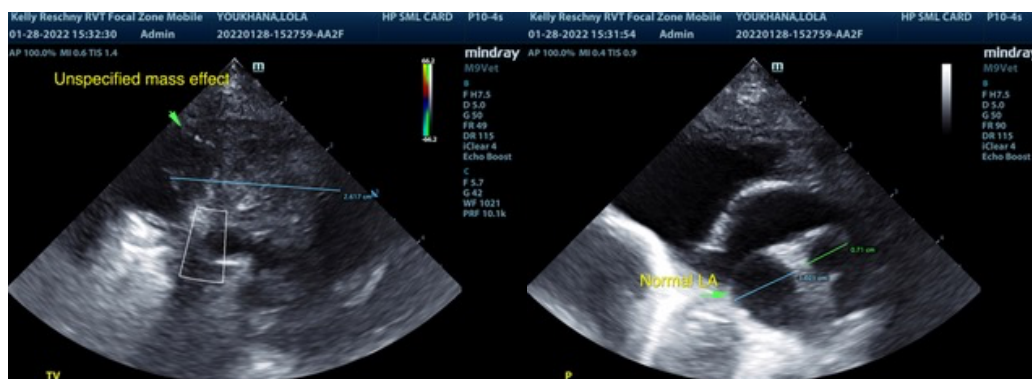
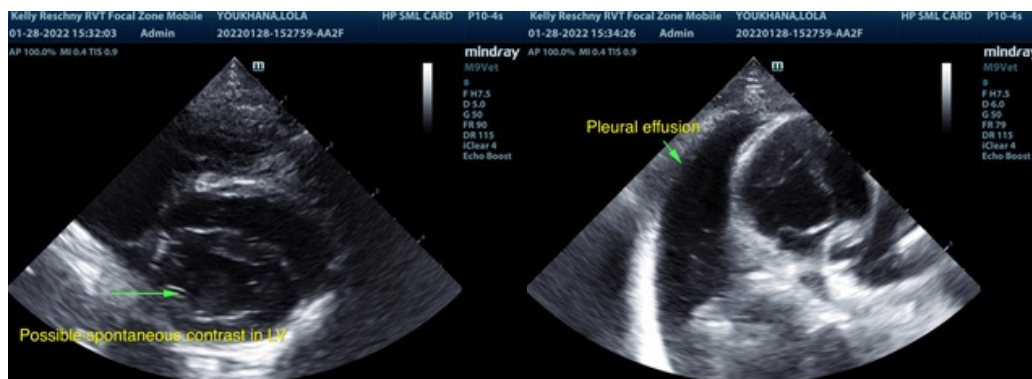
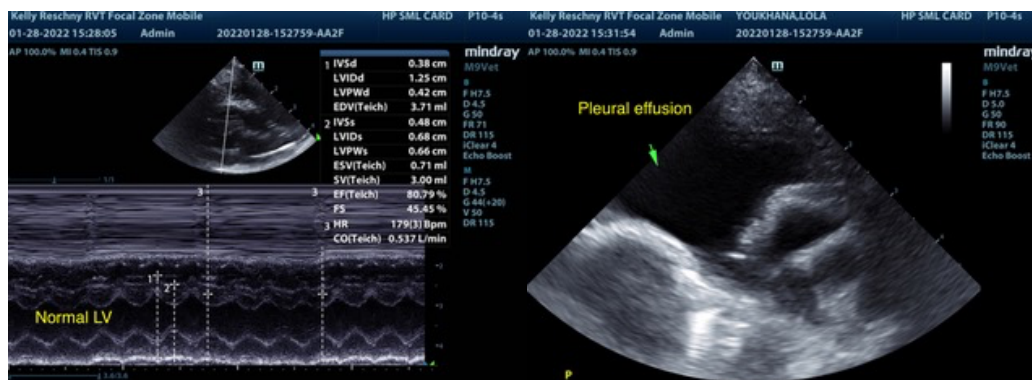
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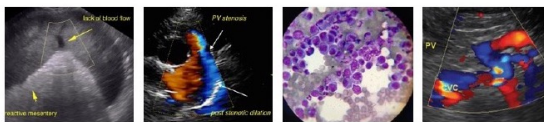
ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function – non-cardiogenic pleural effusion.
- Potential mild LV luminal spontaneous contrast
- Unspecified thoracic mass lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracocentesis, which may prove both diagnostic and therapeutic in this patient for effusion analysis and cytology +/- culture and sensitivity (if evidence of inflammatory cells) is recommended. Concurrently, ultrasound guided FNA of the unspecified thoracic mass lesion (if able to be isolated) for screening cytology could be considered. No indication for cardiac medication. Pending effusion analysis +/- FNA of the thoracic mass lesion, and if the patient can be stabilized, thoracic CT for further assessment is likely ideal.





PATIENT

Lola Youhana

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.

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

info@SonoPath.com

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