



PATIENT PRESENTING CLINICAL SIGNS

Suri Eggers
SPECIES History: Labored breathing at home; have noticed recently possibly losing weight Owners have noticed a dry hacking cough like trying to get up hairball in last few weeks; looking back owners say behavior has been off a bit; not playing as much but just in last 24 hours had noticed the labored breathing and brought in. Patient has lost about 1.5 lbs since July

Feline
BREED Abnormal PE/Chem/CBC/UA Results: Bloodwork: cbc: wbc 18.96 neutrophils 15.91 chem: wnl/nsf UA: USG >1.050 T4 2.2 Rad Report/Interp: Conclusion –Moderate volume pleural effusion is a nonspecific finding with differential diagnoses including neoplasia, hemothorax, pyothorax, chylothorax, and transudates. –The irregularity of adjacent lung margins and atypical distribution of fluid in the pleural space could be due to its preceding partial evacuation, areas of fluid loculation, and/or the presence of effaced soft tissue masses. –Increased pulmonary opacity is likely due to secondary atelectasis, summated fluid, and chronic lower airway degeneration. –Unremarkable abdomen. –Mild multifocal thoracolumbar intervertebral degeneration. –Bilateral cubital osteoarthritis and/or synovial osteochondromatosis.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

14 Years

WEIGHT

5.84

INTERPRETED BY

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

IMAGING PERFORMED BY

Mavis McCormick

HOSPITAL NAME

Lanier AH

REFERRING VET

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INVOICE

20385

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1/5/23

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	0.36	1.87	0.38	41.2	76
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	1.6	1.6	1.3		--	--	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 echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No evidence of RA/RV



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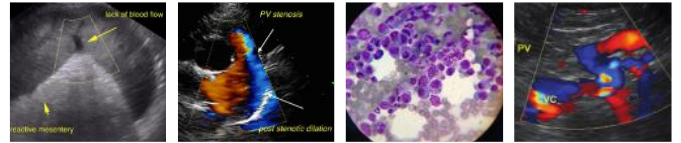
enlargement or overt pulmonary hypertension. No visible pericardial free fluid was present. Mild to moderate volume free pleural fluid was noted. No obvious cardiac tumors or overt pericardial thoracic or cranial mediastinal masses, although this potential cannot be definitively excluded. Subjective areas of irregular to nonhomogenous lung, exhibiting probable air entrapment, were present adjacent to the heart. No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Noncardiogenic pleural effusion
- Subjective mild irregular to nonhomogenous lung- atelectasis, consolidation, neoplasia, other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of underlying cardiac disease as a primary contributing factor to the patients pleural effusion. Pleural effusion analysis, cytology and culture and sensitivity if evidence of inflammatory cells is suggested for further assessment. Although, no evidence of radiographic abdominal pathology, abdominal ultrasound could be considered to assess for primary pathology as a contributing factor. Guarded prognosis pending additional diagnostics and pleural effusion analysis.



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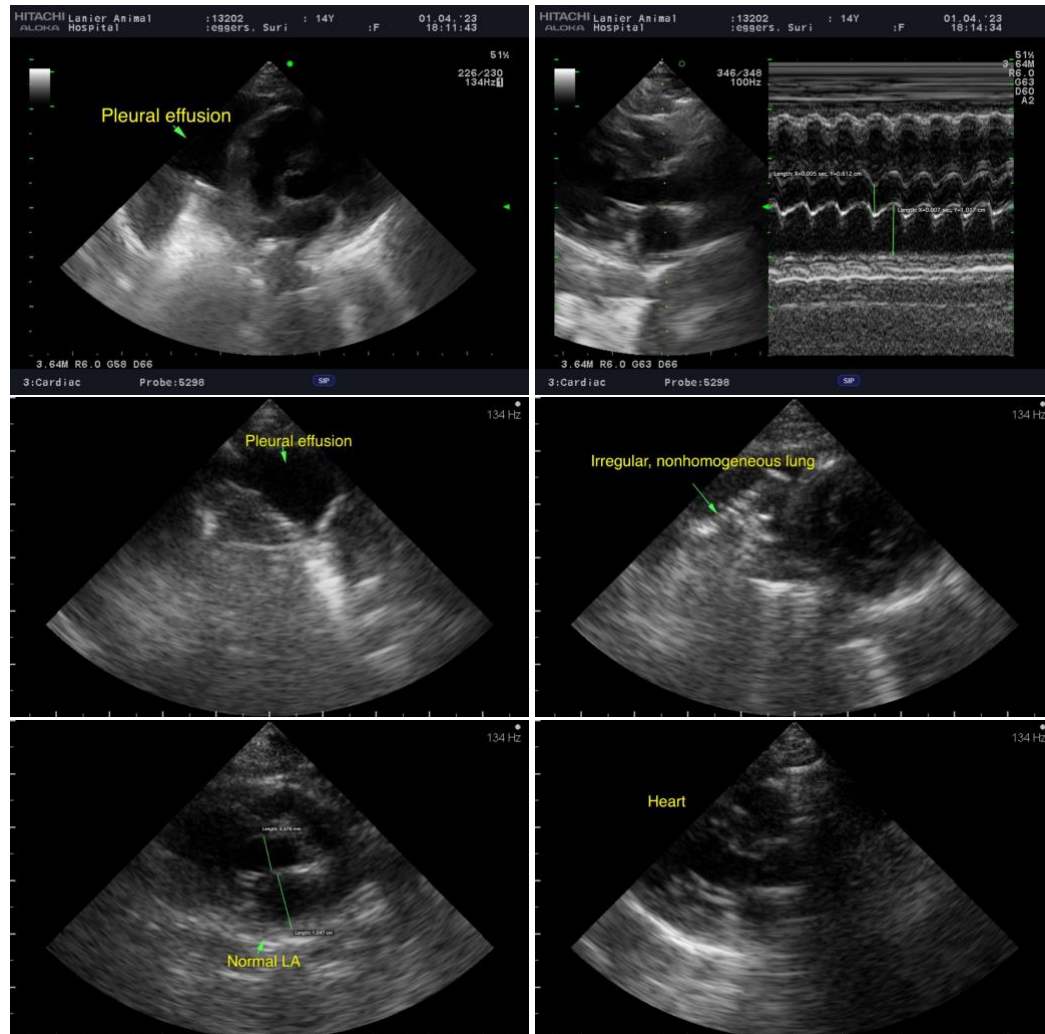
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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