


**PATIENT**

Felix Guenther

**PRESENTING CLINICAL SIGNS**

hx of sinus arrhythmia with VPCs in singlets and couplets

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 Years

**WEIGHT**

13.9 lbs

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	0.55	2.3	0.55	52.2	87.1
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	2.4	2.5	2.2		NM	1.1	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							

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

49362

**DATE**

1-7-22

**Cardiac Presentation**

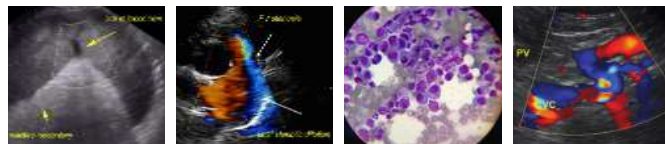
Left ventricular wall exhibited mild remodeling with subjective areas of myocardial asymmetry. The myocardium exhibited diffuse mild hyperechoic presentation suggestive of fibrosis. Papillary muscles were mildly remodeling. LV systolic function was adequate. The LV and RV are both borderline dilated. The left atrium is severely dilated and mildly bulbous in appearance. Potential for very minor spontaneous contrast within the left atrium possible. The right atrium exhibited concurrent mild dilation. Mitral valve was overtly normal in appearance without evidence of insufficiency. No overt evidence of tricuspid valve insufficiency. Both the LVOT and RVOT were subjectively normal exhibiting laminar flow and normal RVOT velocity. Moderate volume pericardial effusion was present. Overt evidence of concurrent pleural effusion was not noted yet cannot be definitively excluded. No obvious cardiac tumors. Potential intermittent arrhythmia possible.

**ULTRASONOGRAPHIC FINDINGS**

- Unclassified cardiomyopathy.
- Moderate volume pericardial effusion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of bi-atrial enlargement with normal LV wall thicknesses most consistent with unclassified cardiomyopathy; however, end stage HCM can also have this appearance if previous history of hyperthyroidism. Concurrent evidence of LV remodeling and likely fibrosis. Potential minor spontaneous contrast or early thrombus formation possible. Regardless of classification, the degree of atrial dilation and likely arrhythmic disease indicates that the pericardial effusion in this case is likely cardiogenic in nature. Long term prognosis is extremely guarded to potentially poor, especially given potential for possible thrombus formation in this patient.



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Consider hospitalization with injectable Lasix +/- prophylactic pericardial centesis until patient is stabilized; Lasix 1-2mg/kg po bid, clopidogrel 75mg, ¼ tab po sid, and Pimobendan 1.25mg po bid recommended. Atenolol at this stage is likely contraindicated as its negative inotropic effects may further exacerbate cardiac disease. Serial monitoring of renal parameters, blood pressure, and ECG with cardiologist consult advised. Recheck echocardiogram suggested in 4-6 months sooner if evidence of progressive signs of CHF.

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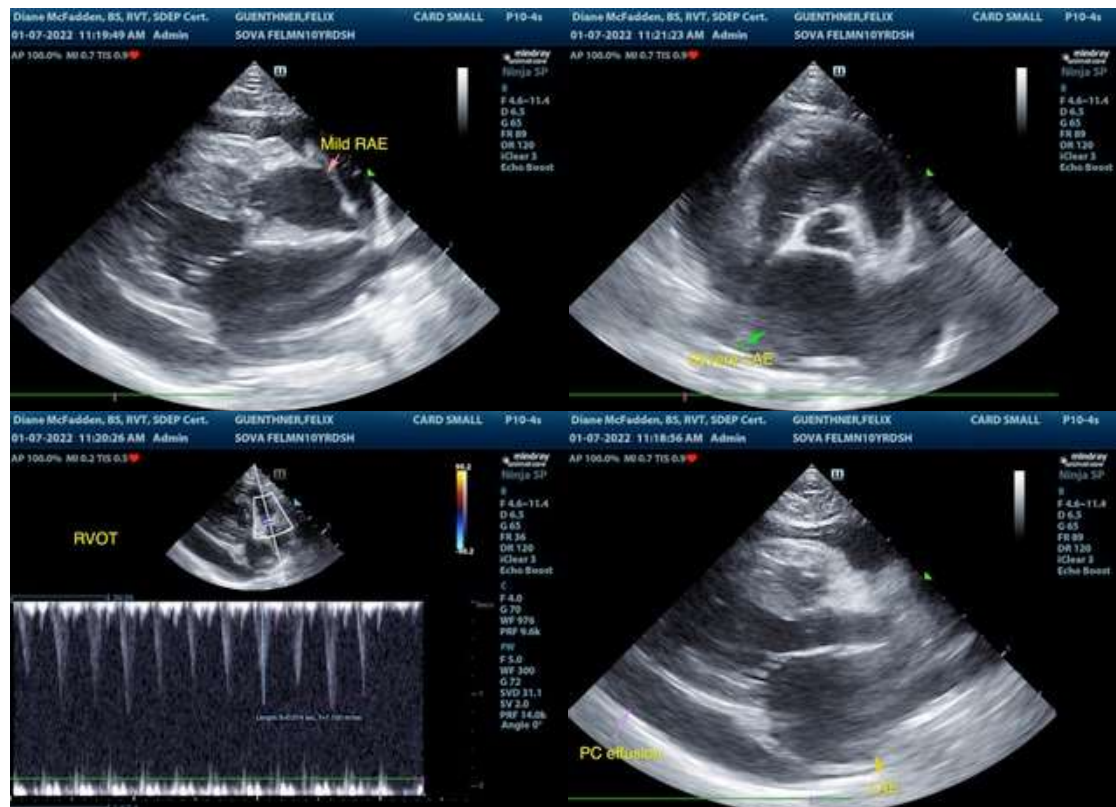
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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