

PATIENT PRESENTING CLINICAL SIGNS

Patches Carper

History: Grade 4-5/6 systolic heart murmur, femoral pulses s/s Periodontal disease

SPECIES

Abnormal PE/Chem/CBC/UA Results: Feline Cardiopet proBNP 318 Heart Rate and Respiratory Rates HR 170bpm BP 220/210/280

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.3 Pounds

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	0.56	1.8	0.5	52.8	88.9
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	--	2.2	2.8	1.1	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)

Cardiac Presentation

The left ventricular wall was mildly remodeled with evidence of asymmetry yet exhibiting normal septal and free wall thicknesses. Mild diffuse hyperechoic endocardium was noted, suggestive of fibrosis. LV systolic function was adequate. The LV and RV are both mild to moderately dilated. The left atrium was moderate to severely dilated and bulbous in appearance. Evidence of spontaneous contrast ("smoke") was present in the dilated left atrial lumen. The right atrium exhibited concurrent moderate dilation. Mitral valve exhibited mild thickening with mild MR present on doppler. Potential for concurrent mild TR, although not definitive. Blood flow through both the LVOT and RVOT was normal in measured velocity. No overt evidence of pericardial or free pleural fluid. No obvious cardiac tumors.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

INVOICE

17684

DATE

10/13/22

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with moderate LA enlargement, evidence of left atrium luminal spontaneous contrast
- Mild to moderate RA/RV enlargement
- Mild MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Patches Carper

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

INVOICE

17684

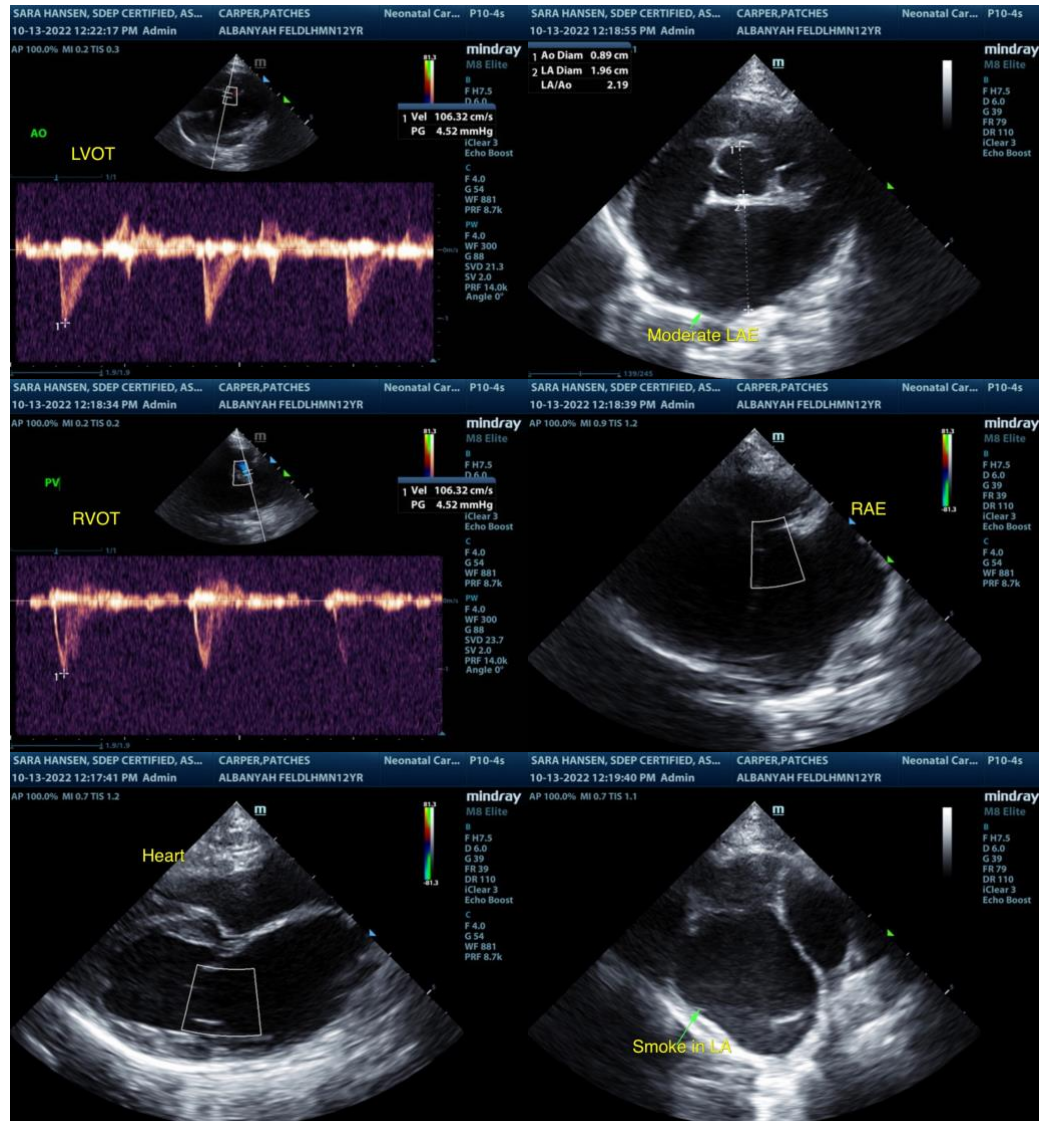
DATE

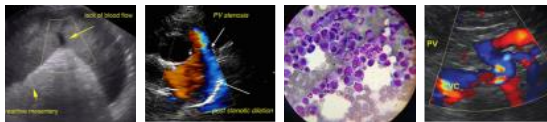
10/13/22

The finding of biatrial enlargement with increased left ventricle volume in the face of normal LV wall thickness is most consistent with unclassified cardiomyopathy, although burnout or end stage HCM can present in this manner. The presence of spontaneous contrast within the enlarged left atrial lumen puts this patient at exceedingly high risk for the development of aortic thromboembolism. Regardless of categorical classification, this patient is at significantly increased risk as well for the development of CHF, as well as malignant arrhythmias.

Assuming no evidence of current CHF, Lasix at 1-2 mg/kg PO BID, Clopidogrel 75mg Tab (1/4 tab) PO SID, as well as off-label Pimobendan at 1.25 mg PO BID is recommended. Monitoring of renal parameters, systemic BP and ideally, ECG (as needed) going forward is advised. Recheck echocardiogram is recommended in 3-4 months or sooner if clinical signs consistent with CHF arise.

Very guarded to unfavorable long-term prognosis given this cardiac presentation in addition to high risk for aortic thromboembolism.





PATIENT

Patches Carper

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

INVOICE

17684

DATE

10/13/22

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