



PATIENT

Max Miceli

PRESENTING CLINICAL SIGNS

elevated Pro BNP

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: spec FPL abnormal

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

MN

AGE

13yr

WEIGHT

11lb

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		159	0.38	0.9	0.42	35.3	67.9
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		1.85	1.9	1.0	0.8		

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 regions of mild asymmetry. Overt normal myocardium echogenicity was noted. Mildly prominent to remodeled papillary muscles were present. LV systolic function is adequate as indicated by the FS measurement. The left ventricle exhibited borderline dilation. The left atrium was mildly dilated and slightly bulbous in appearance with anechoic present without evidence of spontaneous contrast/smoke. The right atrium exhibited concurrent mild dilation. The mitral valve was normal with trace MR on color Doppler. No obvious TR was noted. Blood flow through the LVOT/RVOT exhibited subjective laminar flow and overtly normal measured LVOT/RVOT velocities. No evidence of pericardial or free pleural fluid was present. No obvious cardiac tumors. An intermittent arrhythmia was present.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Hospital of Sussex County

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy
- Mild LA enlargement

REFERRING VET

Dr. Jaffe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of mild biatrial enlargement in the face of normal LV wall thickness is most consistent with unclassified cardiomyopathy. Burnout or end stage HCM can also have this appearance. The presence of mild LA enlargement and potential arrhythmic disease indicate that the risk of complication of CHF is mildly elevated. ECG assessment recommended for further clarification of the intermittent arrhythmia. Overall, the heart appears to be compensated at this stage, yet prognosis is guarded, and serial sonographic monitoring is required for further assessment. Empirically low dose Lasix 1 mg/kg PO BID and Clopidogrel 75 mg tab ¼ tab PO SID given increased potential for thrombus formation

INVOICE

11943ag

DATE

10/20/2022



PATIENT

Max Miceli

would be reasonable. Monitoring renal parameters, BP and ECG is advised. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

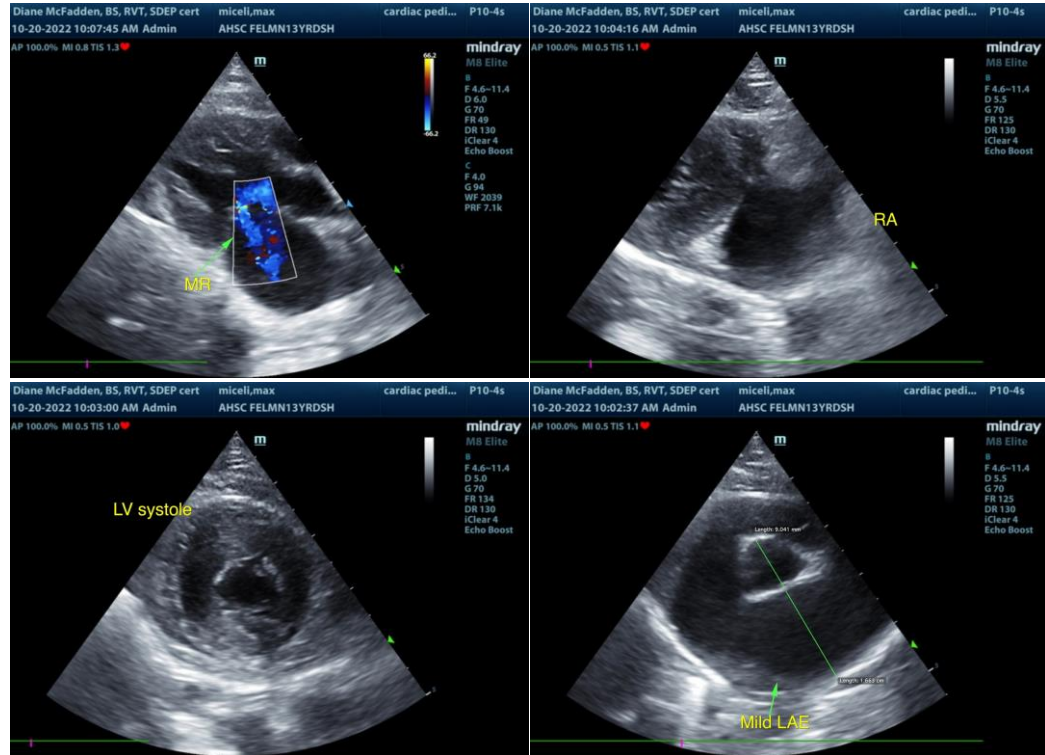
Dr. Jaffe

INVOICE

11943ag

DATE

10/20/2022



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.

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