


PATIENT

Rocky Caswell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

7.6 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

 Cat Hospital Of
 Burlington

REFERRING VET

Dr. O'Connor

INVOICE

12416

DATE

10/21/21

PRESENTING CLINICAL SIGNS

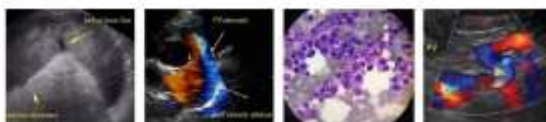
Suspected increased ST density cranial thorax, elevation of trachea at that site on two views. Previous history of having aspirated lactulose at home about 1 year ago. Cough now noted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		184	0.57	1.49	0.54	45.4	80.3
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	1.4	1.4	1.5	--	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							

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 linear contour and was not dilated nor restricted. 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. Tricuspid regurgitation velocity measured 1.6 m/s. 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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Sonographic assessment of both the left and right


PATIENT

mid to cranial lung fields revealed normal symmetrical long surface without overt evidence of lesions within the peripheral lung.

Rocky Caswell

ULTRASONOGRAPHIC FINDINGS
SPECIES
Primary Findings

Feline

- Normal echocardiogram
- Overtly normal left and right lung fields

BREED
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

No evidence of structural or functional cardiomyopathy as a potential cause of cardiogenic cough. An overt mid to cranial pulmonary or mediastinal lesion was not definitively evident in this study. This may be owing to soft tissue density or lesion size surrounded by aerated lung which does not allow ultrasonographic penetration. Therefore, a potential lesion or soft tissue density noted on the radiographs within the cranial thorax cannot be definitively excluded. If strong clinical suspicion for lesion in the cranial thorax with potential secondary tracheal elevation, thoracic CT would likely be ideal for further assessment. Lower airway sampling could also be considered if clinically indicated owing to the noncardiogenic cough.

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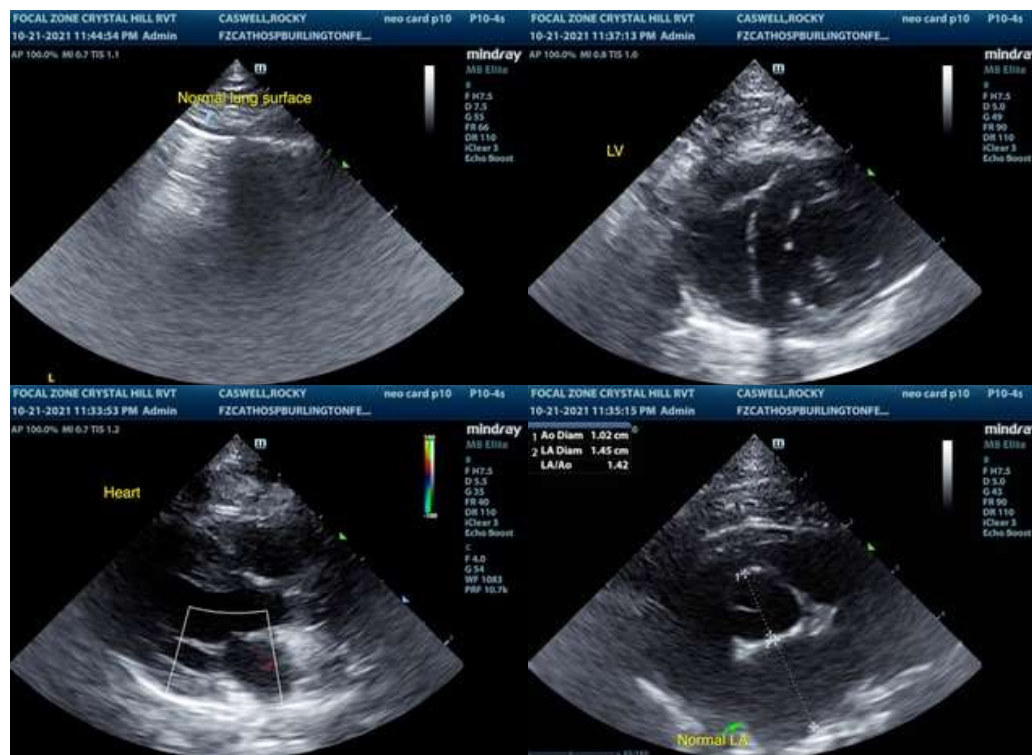
Dr. O'Connor

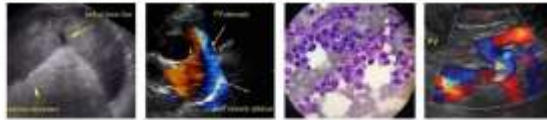
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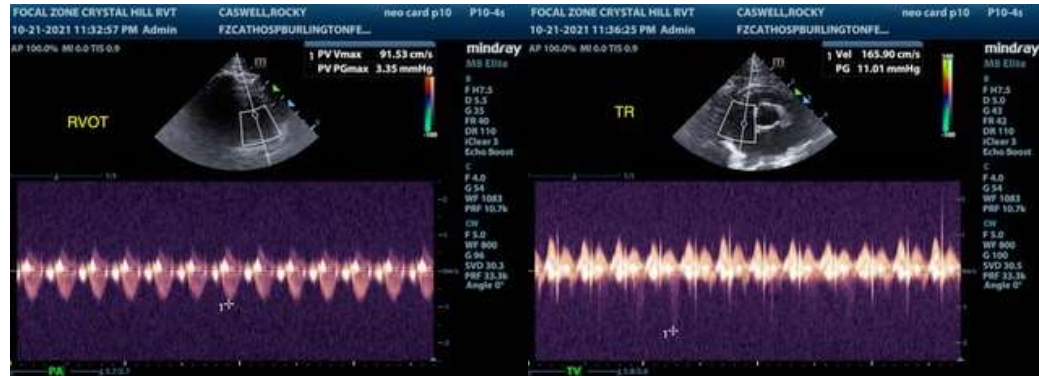
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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