


PATIENT

Pearson Loughery

SPECIES

Feline

BREED

Sphinx

SEX

M

AGE

5mo

WEIGHT

4lb 11oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

12039ag

DATE

10/28/2022

PRESENTING CLINICAL SIGNS

History of pneumonia, although he has improved greatly on Doxycycline and gained weight. Owner reports coughing and mild dyspnea. Much smaller than littermate. Has treated with Panacur, Azithromycin and now Doxycycline.

Abnormal PE/Chem/CBC/UA Results: RADS (attached, 9/29 and 10/27): soft tissue opacity in cranial thorax, can't clearly visualize heart. Caudal lung fields improved on recheck but minimal change in cranial lung fields. Felv/FIV: Neg Fecal: Neg

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

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		199	0.31	1.3	0.33	45	80
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		1.34	1.1		1.3	1.3	
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/Thoracic 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. Normal measured LVOT velocity. 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. 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). Normal measured RVOT velocity. No visible pericardial or free pleura fluid was noted. Regional homogeneous mildly hypoechoic cranial lung with multiple hyperechoic foci suggestive of gas inclusion was present. The cranial mediastinum and pericardial regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Homogeneous mildly hypoechoic cranial lung with suspect gas inclusions



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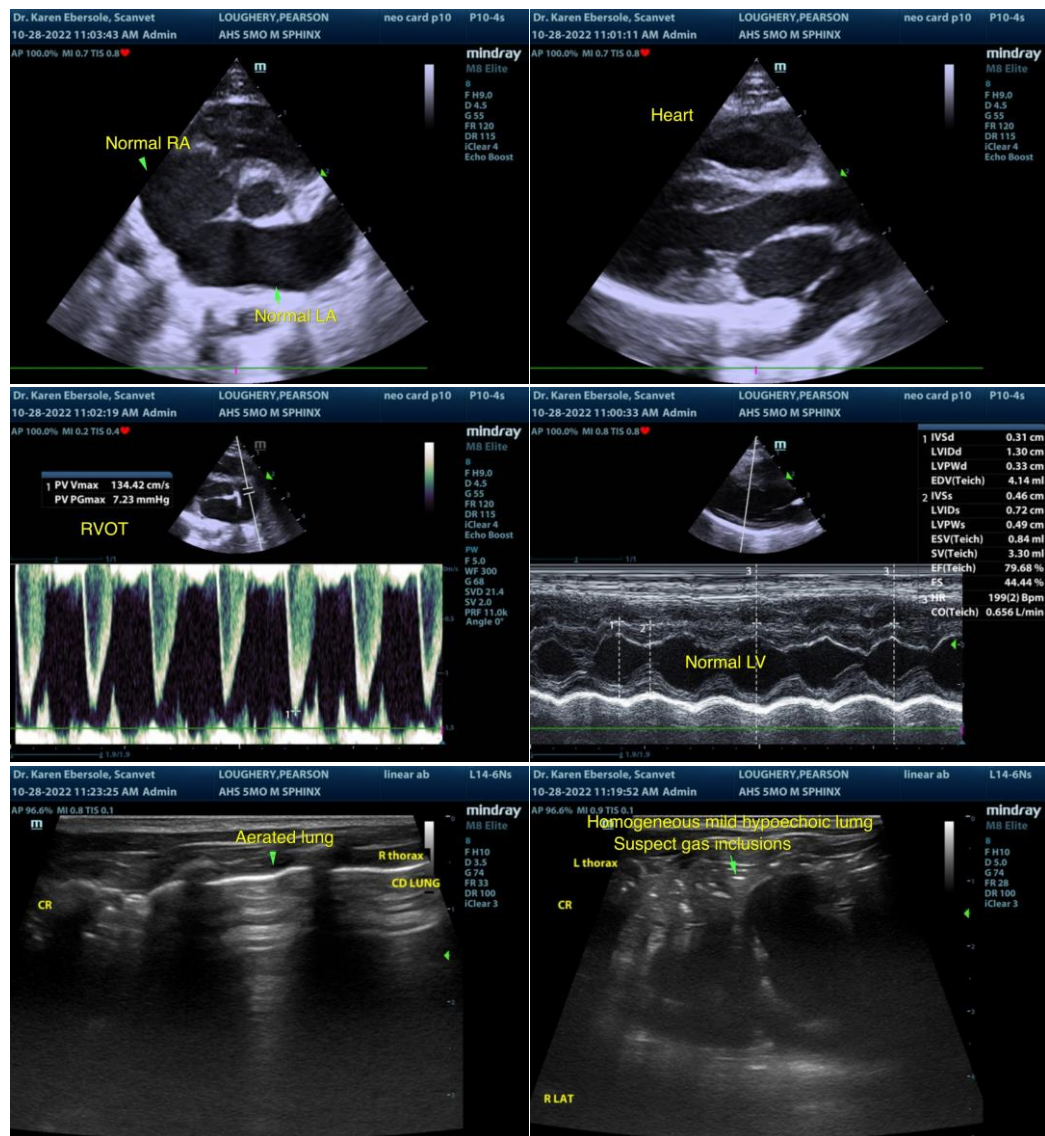
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of congenital cardiomyopathy, left or right heart chamber enlargement, systolic dysfunction or clinical pulmonary hypertension as a contributing factor to the patient's respiratory signs. Sonographically the appearance of the cranial lung is suggestive of pneumonia although potential consolidation owing to inflammatory/infectious disease, FIP or other etiology cannot be definitively excluded. Sampling is likely required for a definitive diagnosis via cytology/histopathology +/- C/S if clinically indicated.



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



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can be of any further assistance please contact me.

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