



PATIENT

Bailey Clark

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

15107

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Pleural effusion, elevated BNP. Current meds: Furosemide (helping symptoms)
Abnormal PE/Chem/CBC/UA Results: BNP 613

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		216	0.46	1.67	0.53	26.9	56.1
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		2.0	2.0	1.0	0.7	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

Normal LV wall thickness is present with evidence of minor myocardial remodeling. Subjective diffuse mild hyperechoic endocardium is noted, which may suggest some degree of fibrosis. Prominent to remodeled papillary muscles are present. LV systolic function is decreased. Left ventricle is borderline dilated in appearance. Left atrium is mildly enlarged and slightly bulbous in appearance. No evidence of left atrium spontaneous or thrombus is noted. Right atrium exhibits overtly normal size. The mitral valve is overtly normal with minor MR present on Doppler. No obvious TR or evidence of pulmonary hypertension are noted. Blood flow through the LVOT and RVOT exhibits a laminar appearance with overtly normal LVOT and RVOT velocity. No evidence of pericardial effusion is noted. Mild to moderate volume pleural effusion is present. No obvious cardiac tumors are noted. Potential mild tachycardia is noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with potential for mild tachycardia
- Mild LA enlargement
- Mild hypocontractile LV



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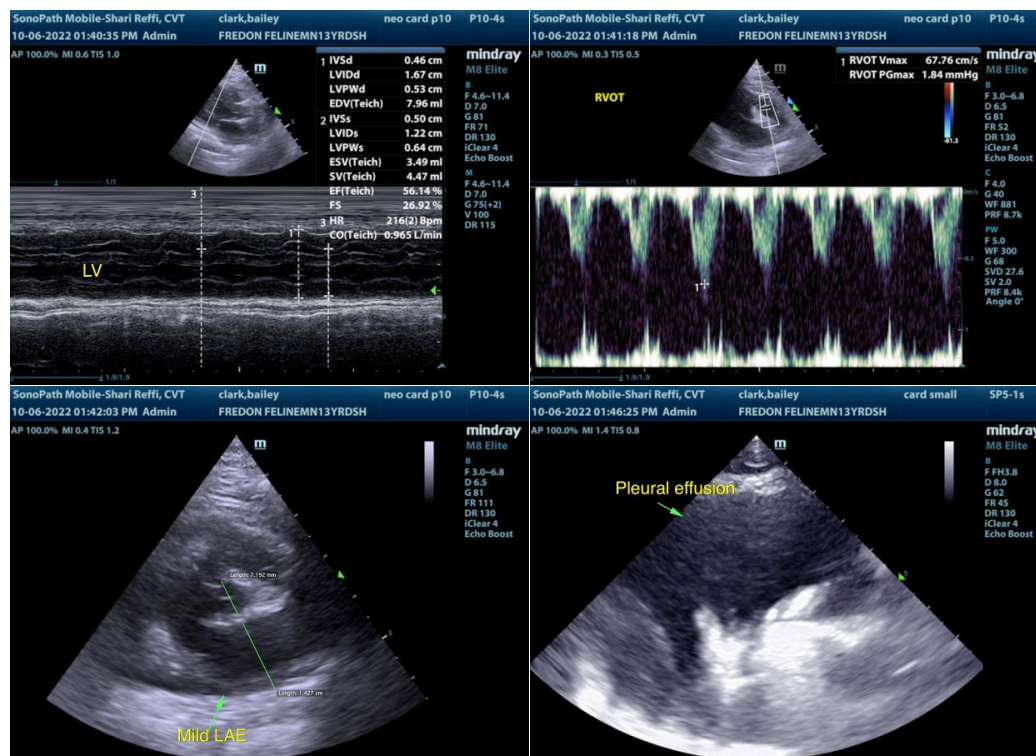
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of mild LA enlargement in the face of normal LV wall thickness is suggestive of unclassified cardiomyopathy, although burnout or end-stage HCM may present in this manner. Regardless of categorical classification, the cardiac presentation with potential for tachyarrhythmia is suggestive of cardiogenic pleural effusion, although potential for a multifactorial component as a cause of the effusion cannot be definitively excluded. Correlation with thoracocentesis for effusion analysis, cytology, +/- C/S if evidence of inflammatory cells is recommended.

Given the positive clinical response to diuretic therapy, continued Lasix at the lowest effective dose to control clinical signs, 1.0-2.0 mg/kg PO BID, as well as off-label Pimobendan 1.25 mg PO BID, and continued monitoring of renal parameters and clinical response is recommended. Risk of thrombus formation is considered low, given the lack of significant LA enlargement. Serial sonographic monitoring is required for further prognosis with an overall guarded long-term prognosis. Recheck echocardiogram is recommended in 4- 6 months, sooner if progressive signs of CHF are noted.





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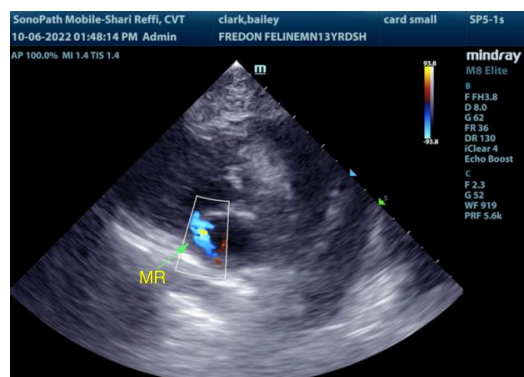
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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