

PATIENT PRESENTING CLINICAL SIGNS

Muffin Laur weight loss, breathing abnormally, rads show possible fluid in chest

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

12.2 lbs.

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		183	0.33	1.46	0.31	55.5	87
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	1.5	1.3	1.0	0.88	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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE

15478

DATE

11/16/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR on Doppler. 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 VLOT velocity was noted. The **right atrium** and auricle revealed subtle increased size compared to the left atrium. No evidence of masses or significant chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. Minor TR was present on Doppler. The **right ventricle** exhibited subtle prominent size compared to the left ventricle without evidence of significant volume overload. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity was present. No visible **pericardial** free fluid was noted. Mild to moderate volume pleural free fluid exhibiting echogenic changes was present. Uniform hypoechoic mass lesion was present in the area of the cranial thorax / cranial mediastinum measuring approximately 5.5 cm x 4.0 cm.



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Minor TR - no overt clinical pulmonary hypertension
- Cranial thoracic / mediastinal mass lesion
- Mild to moderate volume pleural effusion exhibiting mild echogenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overtly normal cardiac structure and function was not obviously consistent with cardiogenic pleural effusion. No clinical issues such as significant left or right heart chamber enlargement, LV systolic dysfunction, or evidence of clinical pulmonary hypertension.

FNA cytology of the cranial thoracic / mediastinal mass is warranted for further assessment, as well as pleural effusion analysis cytology +/- C/S if evidence of inflammatory cells. FeLV / FIV test is suggested if not recently done. Additional assessment may include abdominal ultrasound to assess for or rule out concurrent intraabdominal pathology and/or thoracic CT, pending cytology of the cranial thoracic / mediastinal mass lesion.

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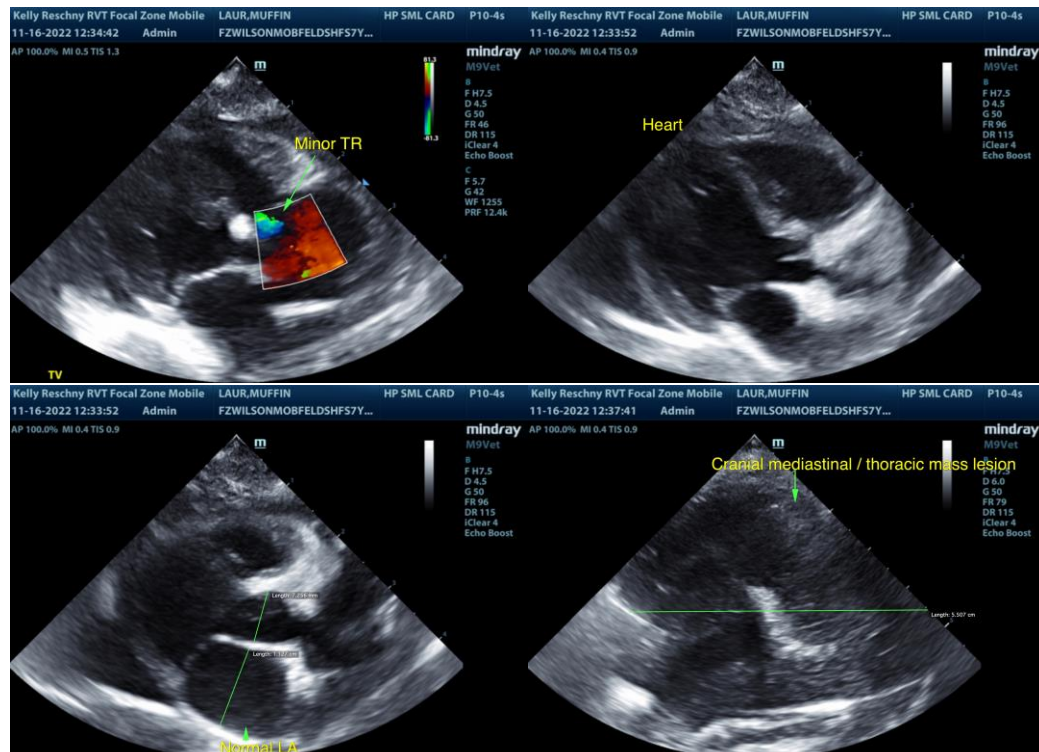
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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