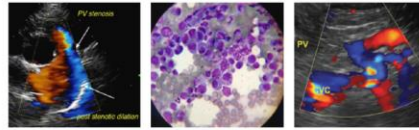


IMAGING PERFORMED BYSVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com**PATIENT**

Monty Stiewe

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

14 y, 6 m

WEIGHT

4 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETBadger Veterinary
Hospital- Dr. Heyne**INVOICE**

15540

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Patient presented for weight loss.

Abnormal PE/Chem/CBC/UA Results: Muffled heart sounds on auscultation. Thoracic radiographs revealed pleural effusion. A sample of the fluid was obtained and revealed an opaque white fluid.

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		NM	0.46	1.36	0.46	42	77
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		1.8	2.0				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

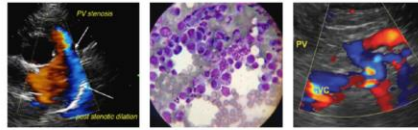
The left ventricular wall was mildly remodeled with subtle areas of myocardial asymmetry and diffuse mild hyperechoic endocardium, suggestive of fibrosis. Mildly prominent to remodeled papillary muscles were noted. LV systolic function is adequate. LV exhibited normal volume with moderate increased right ventricle dilation. The left atrium was mildly dilated to bulbous in appearance. No evidence of LA spontaneous contrast. Right atrium is moderately dilated with evidence of spontaneous contrast. The right atrium measured 2.1 cm diameter. The mitral valve is normal. No overt MR was noted. Mildly thickened tricuspid valve with mild TR on Doppler was present (measuring 1.6 m/s). Blood flow through the LVOT and RVOT is overtly normal and laminar. No evidence of pericardial effusion. Moderate volume primarily anechoic pleural effusion was present. No obvious cardiac tumors. Possible tachycardia is noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with biatrial enlargement and moderate RV enlargement
- Right atrial spontaneous contrast
- Mild TR - estimated pulmonary pressure gradient not overt consistent with obvious or clinical pulmonary hypertension

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- Possible tachycardia
- Moderate pleural effusion

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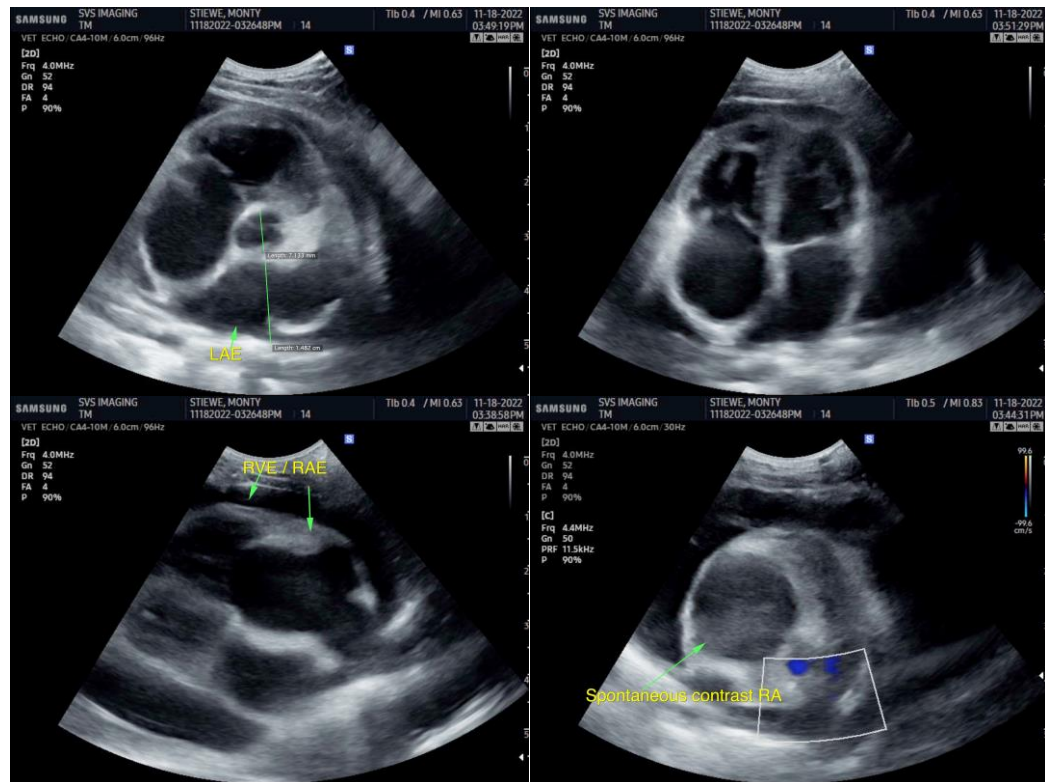
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although multifactorial etiologies for the pleural effusion are possible, the cardiac presentation suggests suspected cardiogenic effusion with degree of RA/RV enlargement, which predisposes to right-sided heart failure and potential tachycardia with mild to moderate LA enlargement which may predispose to left-sided heart failure. Effusion analysis cytology +/- C/S, if evidence of inflammatory cells, is recommended for further assessment. Consider hospitalization until stabilized with potential injectable diuretic therapy. Once patient is stable, Lasix 1.0-2.0 mg/kg PO BID, Clopidogrel 75 mg tabs/1/4 tab orally SID +/- off-label Pimobendan 1.25 mg PO BID, monitoring of systemic BP, ECG, and renal parameters going forward is advised. Rate control therapy may be indicated if persistent tachycardia. Long-term prognosis is very guarded to possibly unfavorable, yet likely dependent upon cardiac response to medical therapy and further monitoring.



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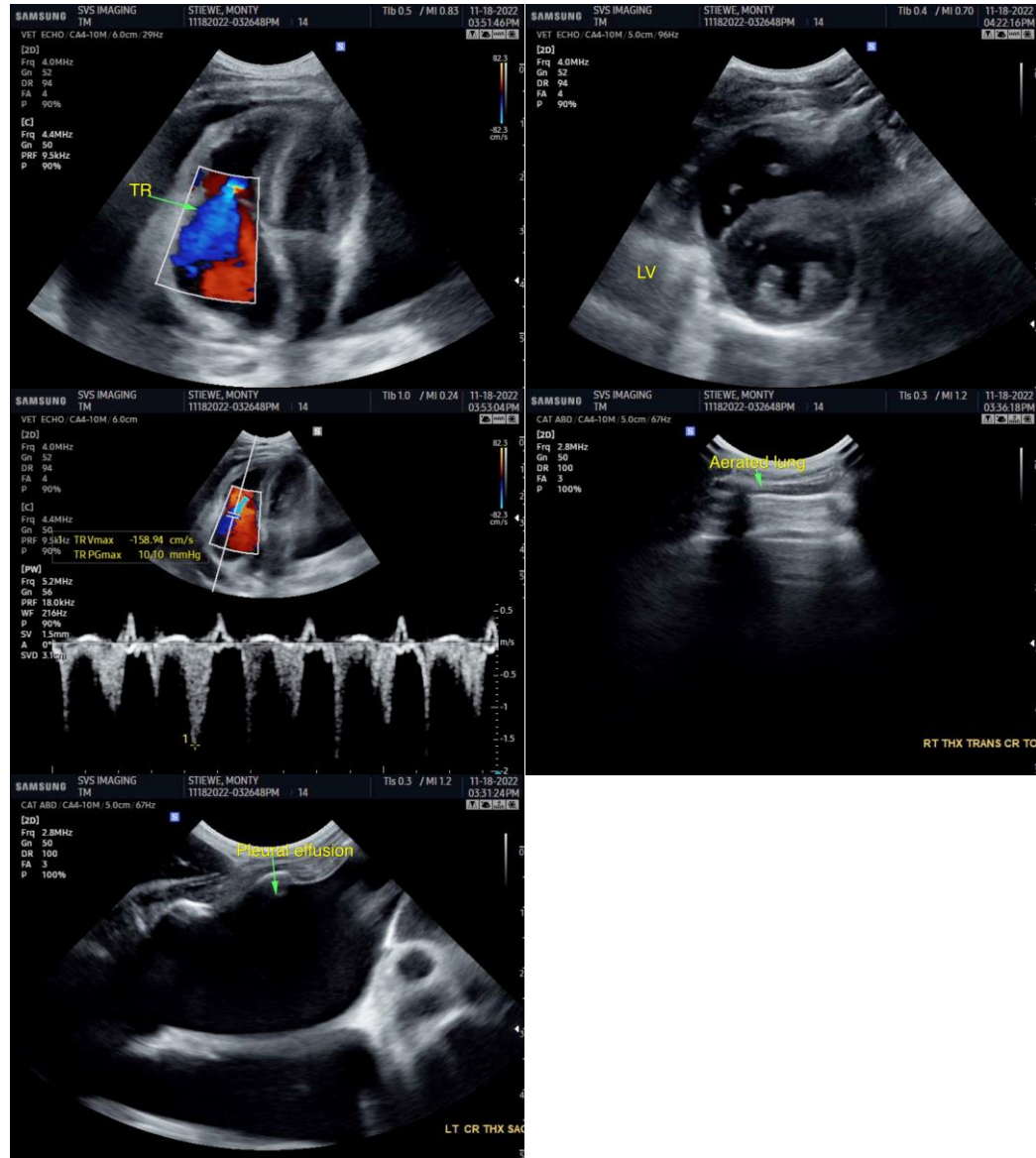
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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