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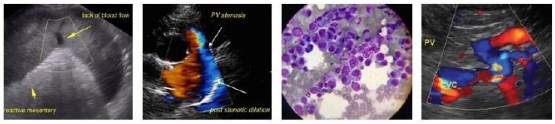

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Murphy Smethurst

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 yr

WEIGHT

8.9 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

15567

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Hoarse sounding auscultation on chest(harsh sound) Xrays showed cloudiness, possible pulmonary edema. Has been on Theophylline and Zeniquin

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. CBC - Low hemoglobin, Hematocrit, high retics, WBCs 26.82(2.87-17.02) high neuts and Mono. Comments: monocytosis consider inflammation Chem - Urea 13.1(5.7-12.9) Globulin 53(28-51) total T4 normal

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		259	0.53	1.8	0.51	33.3	65

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	2.3	2.3	1.9	1.0	1.3	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 regions of mild asymmetry. Subtle regional hyperechoic endocardium, which may suggest some degree of mild fibrosis, was noted. The papillary muscles were prominent to remodeled in appearance. LV systolic function was adequate yet mildly decreased. The LV exhibited borderline increased volume. The right ventricle appeared to be normal in volume. The left atrium was mild to moderately dilated and mildly bulbous in appearance. Anechoic content was present in the left atrium without evidence of spontaneous contrast or thrombus. The right atrium was normal to mildly prominent in size compared to the left atrium, containing anechoic content. The mitral valve is normal with trace MR. No obvious TR was noted. Blood flow through both the LVOT and RVOT was normal in measured velocity. Scant pericardial effusion was seen. No overt pleural effusion was noted. No obvious cardiac tumors were visualized. Tachycardia was present.

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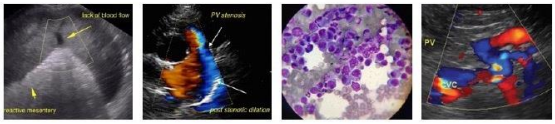

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ULTRASONOGRAPHIC FINDINGS

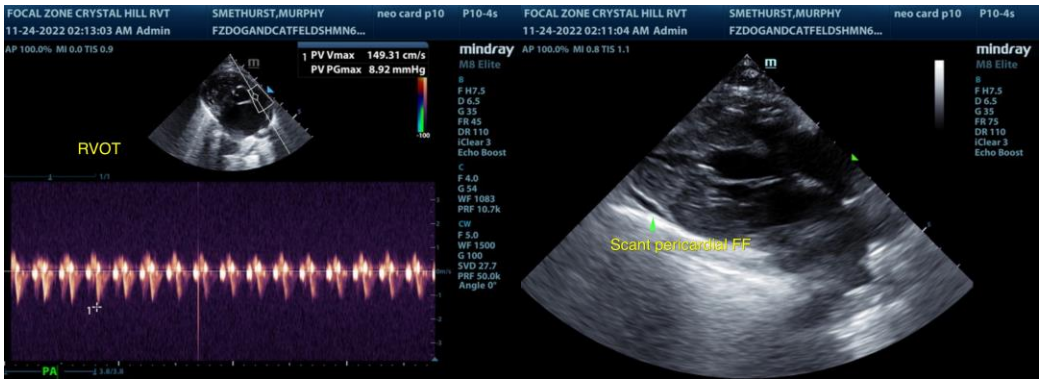
- Unclassified cardiomyopathy
- Mild to moderate LA enlargement
- Tachycardia
- Scant pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of atrial enlargement with normal LV wall thickness is most suggestive of unclassified cardiomyopathy, although burnout or end-stage HCM can have this appearance. The degree of LA enlargement, as well as tachycardia, suggests a cardiogenic component to the scant pericardial effusion and pulmonary changes, although the potential for a multifactorial component to the pulmonary changes, i.e., concurrent lower airway disease cannot be definitively excluded.

A baseline assessment of renal parameters is suggested. Lasix 1.0-2.0 mg/kg PO BID and ideally Clopidogrel 75 mg tab (1/4 tab) PO SID are recommended. Pimobendan 1.25 mg PO BID (off label use) could be considered eventually, although LV systolic function appeared to be adequate. Concurrent as-needed respiratory support is recommended.

Monitoring of renal parameters, BP, and ideally ECG, given the tachycardia, is recommended. Thoracic radiographic monitoring, as well as assessment of clinical response and recheck echocardiogram in 3-4 months is suggested, sooner if progressive signs of CHF or pulmonary radiographic abnormalities are noted.



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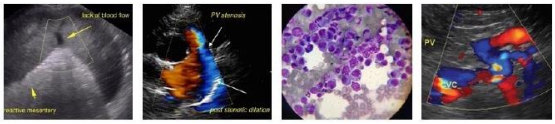

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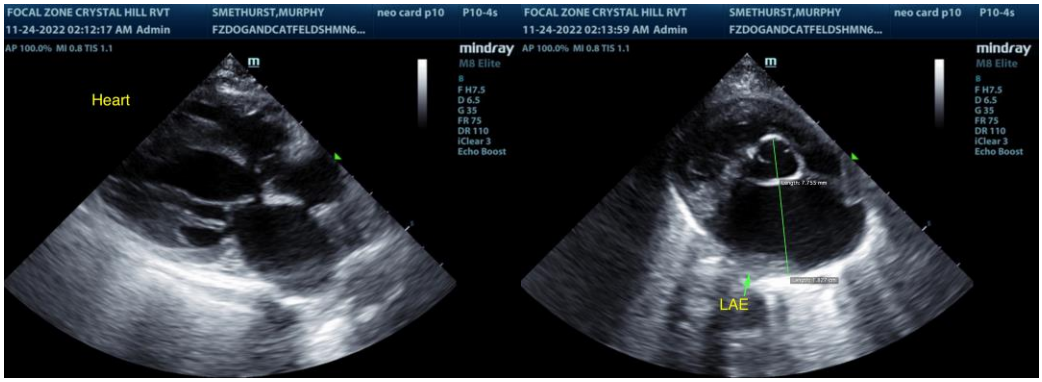

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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