


PATIENT

Bubu Saheser

PRESENTING CLINICAL SIGNS

Open breathing

Current Meds: Lasix + torb

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DMH

SEX

MN

AGE

10yr

WEIGHT

12.7lb

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		227	0.5	1.9	0.45	47.4	81
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	3.5	3.3	2.7		1.0	0.7	

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
 (Canine and Feline)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

 Animal Care Center
 Flanders

REFERRING VET

Dr. Hallihan

Cardiac Presentation

The left ventricular wall exhibited normal thickness with mild myocardial remodeling. Mild generalized hyperechoic endocardium suggestive of mild LV fibrosis was present. LV systolic dysfunction is adequate based on the fracture shortening measurement. The LV and RV were borderline dilated. The left atrium was severely dilated and bulbous in appearance with anechoic content and no evidence of spontaneous contrast or organized thrombus. The right atrium was significantly dilated and bulbous in appearance with anechoic fluid and no evidence of RA spontaneous contrast. The mitral valve was normal with trace MR. Concurrent mild TR was present. Blood flow through the LVOT/RVOT was normal in measured velocity. No overt evidence of pericardial effusion with likely pleural effusion present. No obvious cardiac tumors were present. Potential mild tachycardia.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy
- Severe biatrial enlargement
- Mild MR/TR
- Probable mild pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is most consistent with unclassified cardiomyopathy given the biatrial enlargement with normal LV wall thickness although burn out of end stage HCM can present in this manner. The degree of atrial dilation, potential tachycardia and likely pleural effusion confirms the diagnosis of CHF. This patient is at severely increased risk of continued episodes of CHF, development of malignant arrhythmia, blood clots and potential sudden death. Long term prognosis is likely poor, however medical therapy is recommended. Hospitalization with as needed O2 and injectable diuretic

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therapy until patient is stable is warranted. Lasix 1-2 mg/kg PO BID, clopidogrel 75 mg tab 1/4 tab PO SID as well as off label Pimobendan 0.25 mg/kg PO BID is recommended. ECG assessment advised to assess for evidence of tachyarrhythmia. Recheck echocardiogram suggested in 4-6 weeks, sooner if progressive signs of CHF, arrhythmogenic disease or evidence of thromboembolic event are noted.

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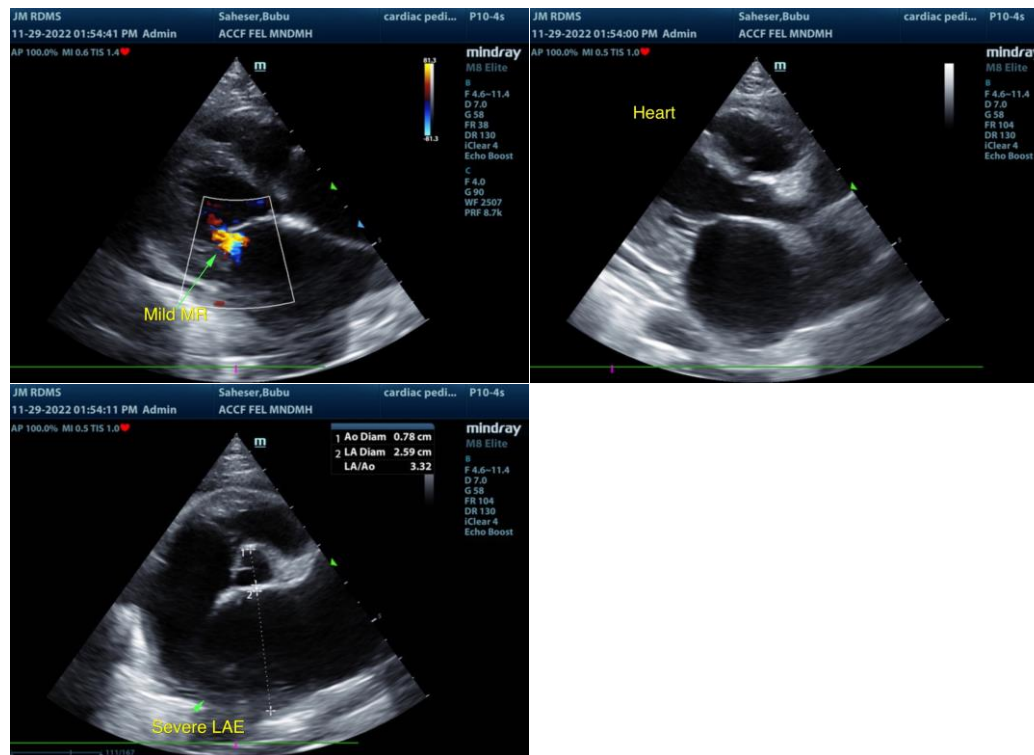
Dr. Hallihan

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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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