
PATIENT PRESENTING CLINICAL SIGNS

Bella Mansey Admitted for sudden limp/dragging of one hind limb. Did not seem painful but was quite distressed when attempted to lay her on her left side down to palpate stifles etc.. Quite obese. No longer dragging hind leg at time of scan. No vocalization/painful reaction at time of admit.

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes. Please see attached radiographs and bloodwork

Feline

BREED Last night had acute onset of vomiting twice and left hind leg weakness/collapse. Was open mouth breathing at home. Also was painful on R fore leg on exam last night. No known trauma. Cat wanting to lie in bathtub (out of character)

DSH Indoor cat. No known trauma. There is a dog in house - they get along very very well.

SEX Was hypothermic at presentation and still has mild hypothermia (36.8-37.1 most recent readings)
 BP Mean between 66-81 on mindray, 70 with doppler. Patient is 9+/9 BCS - accuracy? Ambulatory and does not look shocky

FS ~

This AM when I first examined after shift change L hind digit pads/metatarsal pad definitely lighter pink compared to other 3 limbs.

AGE Could not appreciate pulse reduction - but hard to feel pulses in general re: patient weight.
 Ambulatory but has stilted gait - presumed DJD in multiple areas. Cruciates seem ok. No pain on extension of CF joint on either side, though patient resented being placed in left lateral recumbency.

12 Years

WEIGHT ALT 299 (12 - 130)
 Glucose 11.93 (presumed stress hyperglycemia)
 K 3.2 (3.5 - 5.8)
 Rest normal, including T4

9.5 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

 Hamilton Region
 Emergency Clinic

REFERRING VET

Bourque

INVOICE

48973

DATE

12-13-21

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		150	0.55	0.45	1.43	44.1	78.7
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		1.6	1.6		<2.0	0.8	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



PATIENT

Cardiac Presentation

Bella Mansey

SPECIES

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DSH

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AGE

12 Years

WEIGHT

9.5 kg

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. Minor primarily centralized insufficiency noted on Color Doppler assessment. 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. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Subjective pericardial fat was present. No evidence of arrhythmogenic disease.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function.
- Minor MR- not considered clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall normal echocardiogram without evidence of significant structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, systolic dysfunction, or evidence of clinical pulmonary hypertension. The lack of left or right atrium enlargement indicate that the risk of future complication is low. Likewise, the presentation of the bilateral atrium was not consistent with thrombus formation. Clinical signs secondary to heart dysfunction are not anticipated. An exception to this rule may include iatrogenic or stress induced event which may at times result in decompensation even with left atrium size; however, if no evidence of pulmonary edema or pleural effusion (not noted in the study) this possibility is considered unlikely. Potential for paroxysmal arrhythmogenic event cannot be definitively excluded.

Given the cardiac presentation, no overt indication for cardiac or antithrombotic medications. ECG assessment could be considered if clinically indicated. Recheck echocardiogram suggested in 6-12 months if clinically indicated, sooner if continued episodes of potential cardiac disease are noted.

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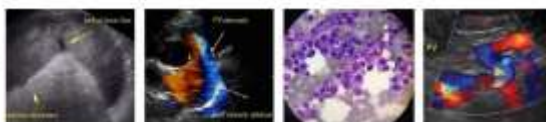
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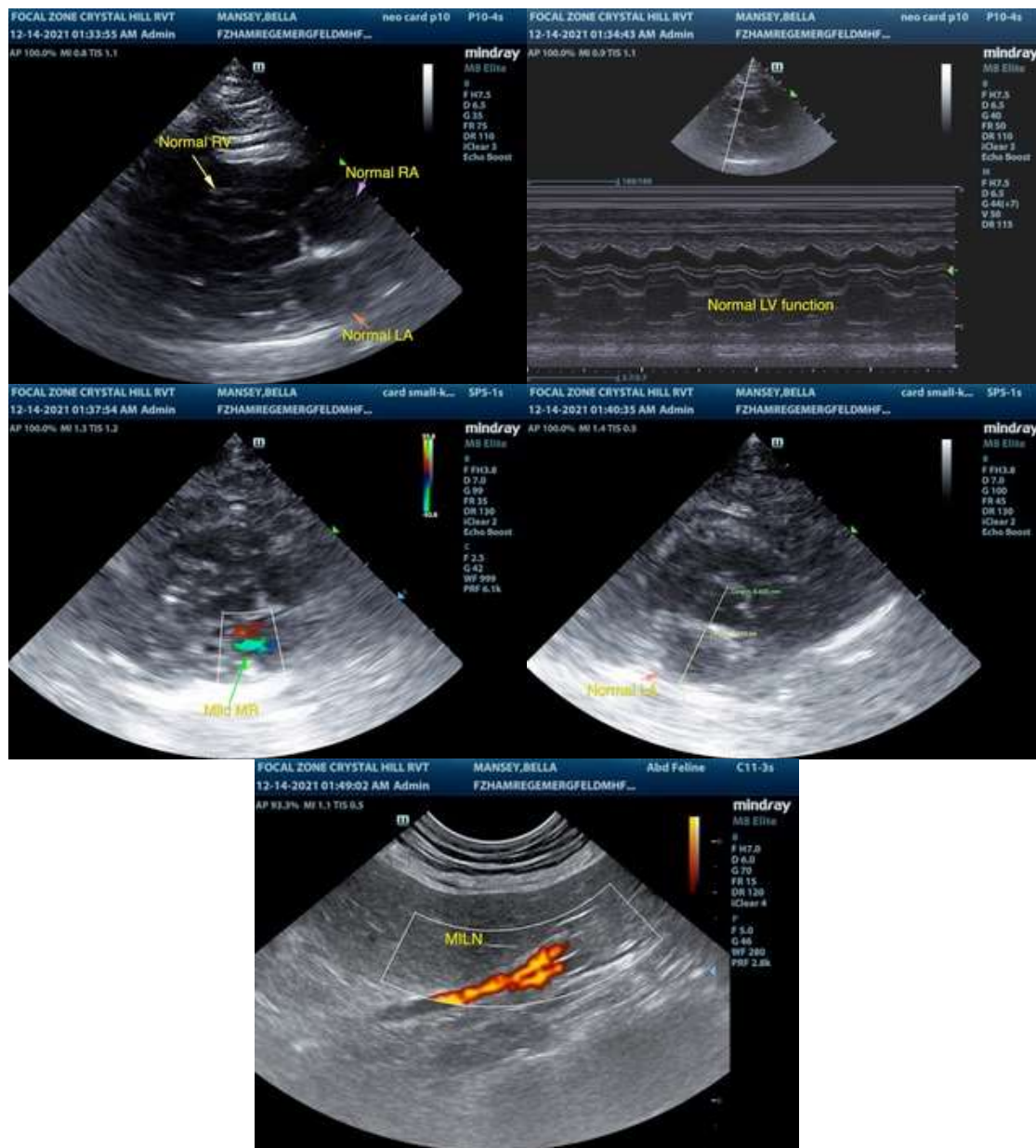
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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