



PATIENT

Tigger Camilli

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

9.1 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Ebersole

PRESENTING CLINICAL SIGNS

Owner obtained Tigger 3 weeks ago; he was previously an outdoor cat that belonged to his mother. Rear leg ataxia/abnormal gait has been present for several years, reported acute onset "overnight". Suspect old saddle thrombus.

Abnormal PE/Chem/CBC/UA Results: PE: BAR, fleas, otitis externa, missing and broken teeth, HR 190, no murmur auscultated. Significant hind end ataxia: plantigrade RR. plantigrade to dorsograde LR. L hock completely lax. ProBNP 646, SDMA 15 (normal BUN/Creat), T-4 normal (2.4). Urine SG 1.033 Felv/FIV/HW: Neg/Neg

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	0.87	1.3	0.89	47.7	82.6
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	2.45	2.8	3.0		NM	0.85	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 echocardiogram in this patient demonstrated severely enlarged **left atrial** size with evidence of spontaneous contrast. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with trace insufficiency noted on Doppler. The **left ventricle** presented excessive free wall thicknesses compared to normal for the species. Moderate papillary muscle hypertrophy was present. The **myocardium** presented evidence of myocardial remodeling without overt evidence of ischemic disease. **Contractility** of the ventricular walls was adequate as evidenced by the fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. Brief sonographic assessment of the iliac trifurcation revealed soft tissue echo within the vasculature, suggestive of potential chronic saddle thrombus.

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Scanvet

REFERRING VET

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- IVS and LV free wall hypertrophy with myocardial remodeling
- Severe left atrium enlargement with spontaneous contrast
- Suspect saddle thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, severe cardiomyopathy is present in this patient. Advanced to chronic HCM may be considered the primary differential diagnosis, assuming the patient is normotensive and euthyroid. Unclassified / restrictive cardiomyopathy may present in a similar sonographic manner. Regardless, the severely enlarged left atrium with spontaneous contrast indicates that the current risk and risk going forward for congestive failure or potential sudden death is high. Likewise, spontaneous contrast was present within the left atrium, indicative of potential emerging to potential thrombus formation, which coincides with suspected saddle thrombus.

Recommended medical therapy includes diuretic 1.0-2.0 mg/kg PO BID, Pimobendan 1.25 mg PO BID, and Clopidogrel 16.75 mg (1/4 tab) PO SID. Monitoring of renal values and blood pressure pending ECG assessment is recommended. If blood pressure (<130 mmHg), ACE inhibitor medication 0.5 mg/kg PO BID could also be considered. Recheck echocardiogram is suggested in 4-6 months, sooner if evidence of congestion is noted.

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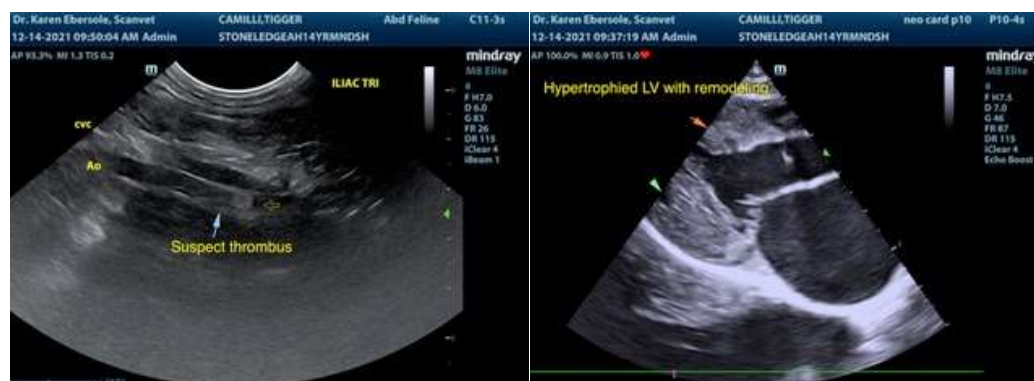
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com