


PATIENT

Blue Aburadi

SPECIES

Feline

BREED

Sphynx

SEX

M

AGE

4y

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

15742

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Pleural effusion, heart murmur, hematuria

Abnormal PE/Chem/CBC/UA Results: Vetmedin, furosemide, clopadril

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	0.56	1.1	0.53	50	85
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		1.2	1.3	1.0	1.9	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 exhibited normal septal and free wall thickness with primarily maintained linear myocardial contour. Subtle nonhomogeneous myocardial echogenicity was noted. Subtly prominent to remodeled papillary muscles were present. LV systolic function was adequate. Subjective mild reduced LV volume is present. The left atrium is normal in size/ volume. Marked right atrial enlargement (measuring 3.6 cm diameter) with concurrent right ventricular enlargement exhibiting potential evidence of mild right ventricle concentric hypertrophy was noted. Evidence of discrete spontaneous contrast within the right atrial lumen was present. Mildly thickened tricuspid valve was present without evidence of valvular prolapse. No evidence of significant TR on Doppler. The mitral valve was overtly normal in appearance without overt MR on Doppler. Normal measured LVOT velocity was present. Borderline increased measured RVOT velocity was present. Subjective possible turbulent to dynamic RV outflow was noted on color Doppler. No overt pericardial effusion was observed. Moderate volume pleural effusion was present. An unspecified spherical nonhomogeneous mass lesion was noted adjacent to the heart measuring approximately 3.7 cm in diameter. No overt arrhythmia was noted.

Brief sonographic assessment of the liver revealed subjective caudal vena cava and hepatic vein dilation suggestive of emerging congestive criteria.



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ULTRASONOGRAPHIC FINDINGS

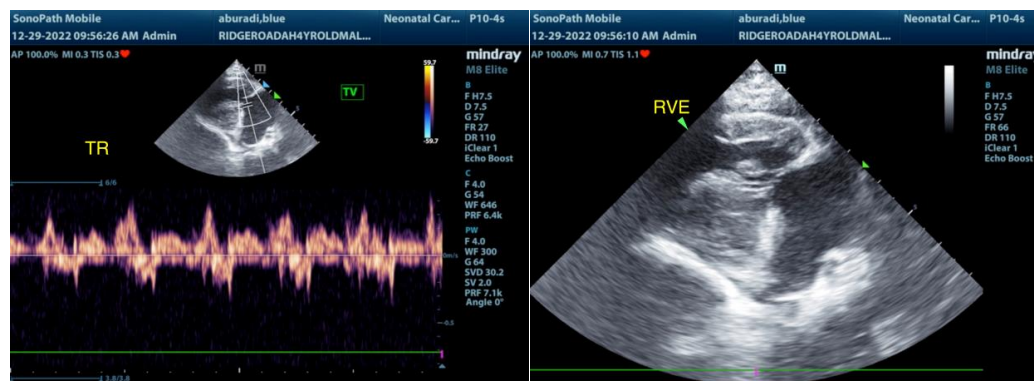
- Marked right atrial enlargement with evidence of discrete spontaneous contrast
- Concurrent enlarged right ventricle exhibiting possible mild concentric hypertrophy
- Normal LA / LV with subjective decreased LV volume
- Borderline increased RVOT velocity
- Moderately volume pleural effusion
- Unspecified spherical to nonhomogeneous pericardial / thoracic mass lesion
- Evidence of emerging hepatic congestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex case with significant right cardiomyopathy. Given the age of the patient and this presentation, potential considerations may include stenotic disease, tricuspid dysplasia, nonobvious pulmonary hypertension, or other congenital vs. acquired defect.

The pleural effusion may be multifactorial in origin given the concurrent unspecified pericardial to thoracic mass lesion, although given evidence of early hepatic congestive criteria, the patient is likely technically in right heart failure.

Continued current medication protocol with monitoring of systemic BP and renal parameters is warranted. Further assessment may include pleural effusion analysis, cytology, +/- C/S, as well as if accessible screening FNA cytology of the unspecified mass lesion. Referral to a local cardiologist for further cardiac assessment and clarification is strongly suggested. However, a very guarded to potentially unfavorable prognosis is likely indicated.





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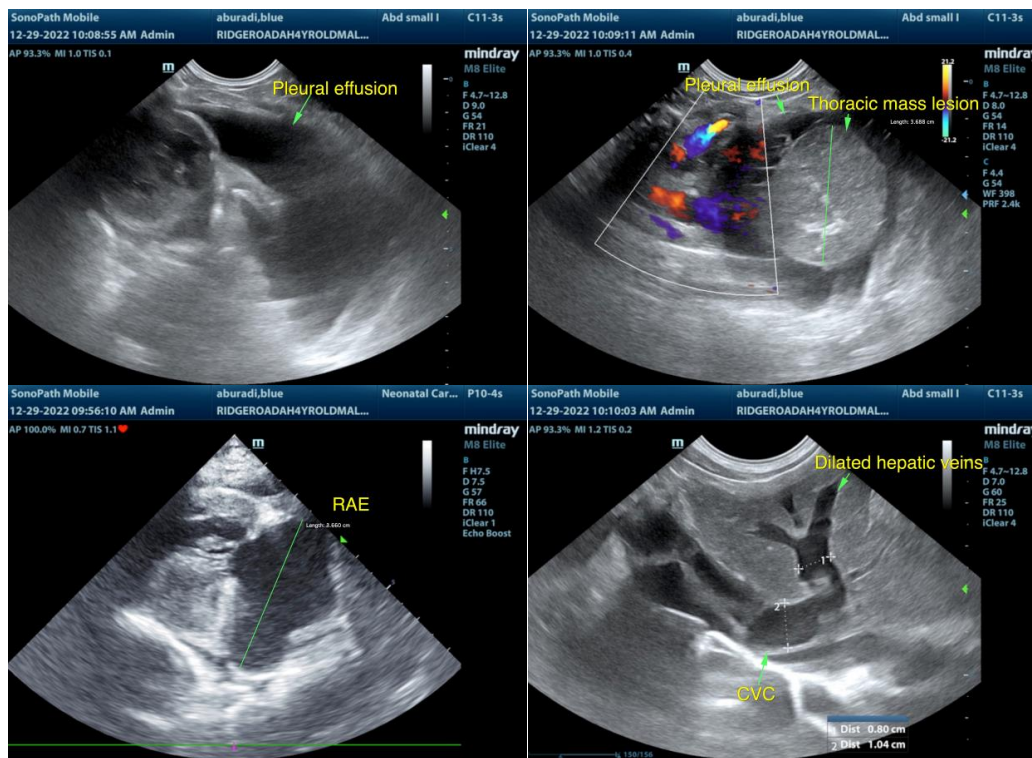
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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