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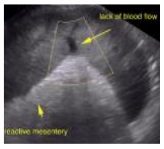
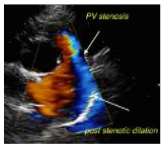
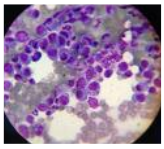
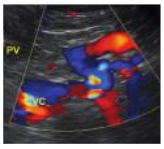

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1-800-838-4268 info@sonopath.com

PATIENT

Oliver Van Decker

SPECIES

Feline

BREED

DSH

SEX

Neutrered Male

AGE

9 Years

WEIGHT

15.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Wantage VH

REFERRING VET

Dr. Bullock

INVOICE

19044

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: severely elevated BNP at 1500 found on routine bloodwork. Irregularly regular HR; no symptoms. On revolution.

Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl, BNP 1500; USPG 1.046 with rbcs in sediment

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	--	198	0.51	1.8	0.58	43	75.5
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	--	1.8	2.3		1.1	0.6	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 enlarged **left atrial** size based on 2 separate LA measurement methods. No evidence of spontaneous contrast or thorn thrombus. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR. The **left ventricular** septum and free wall revealed normal thicknesses, adequate contractility and normal left ventricular volume, yet some echogenic remodeling of the septum and free wall were noted consistent with some level of **myocardial fibrosis**. Concurrent mildly prominent to remodeled papillary muscles noted. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed increased size comparable to the LA with anechoic content. No evidence of RA, spontaneous contrast or thrombus or evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. Mild TR (2.0) noted on doppler. The **right ventricle** Revealed borderline increased size compared to the LV with normal 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. No overt arrythmia or cardiac tumors noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy

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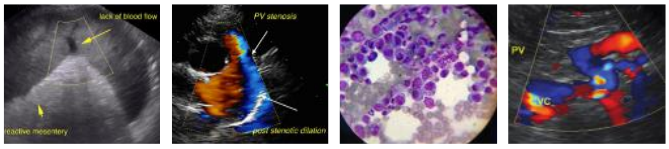

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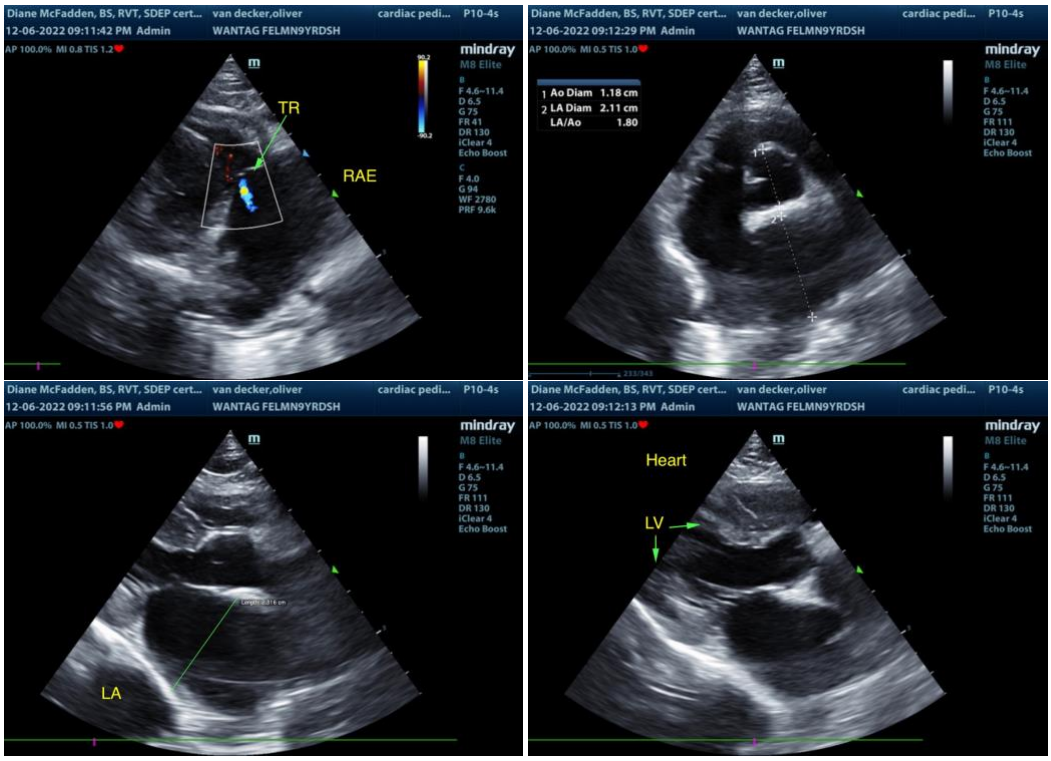
- Mild to moderate LA/RA enlargement without spontaneous contrast
- Mild LV myocardial remodeling and mild prominent papillary muscle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation, given the biatrial enlargement in the face of normal LV wall thickness is most consistent with unclassified cardiomyopathy, although burnout or end stage HCM may present in this manner. Overall, the heart appears to be compensated given the lack of pericardial or pleural effusion. However, the biatrial enlargement indicates that the risk of complication going forward is elevated with increased potential for episodes of CHF, development of malignant arrythmias and potential blood clots.

Low dose Lasix at 1 mg/kg PO BID initial dose, as well as Clopidogrel 75 mg tablet, ¼ tab PO SID is recommended. Given no evidence of CHF at this stage, no indication for cardiosupportive medications such as Pimobendan, however, potential use of Pimobendan in the future may be required. Monitoring renal parameters, systemic BP and ECG would be ideal. Recheck echocardiogram in 4-6 months or sooner if CHF or progressive arrythmia are noted.



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.

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info@SonoPath.com

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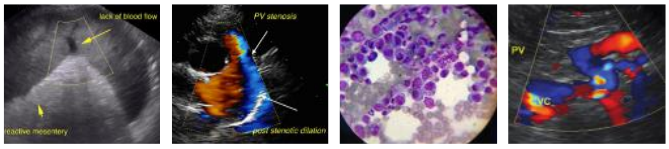

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