


PATIENT PRESENTING CLINICAL SIGNS

Pixie Patterson - On going cough. Clear lung sounds. No discharge from nose. No fever. Furosemide, Vetmedin(Pimobendin), Prednisolone

SPECIES Abnormal PE/Chem/CBC/UA Results: Rads:Pulmonary edema, causing masking of the heart. Lateral view - heart is elongate and laying against sternum. There is loss of the cranial cardiac waist. Evidence of plural effusion on ventral aspect of lung fields.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

DSH

SEX

FS

AGE

12 years

WEIGHT

4.35 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Nazaralli

INVOICE

13352

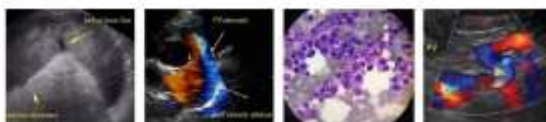
DATE

2/15/22

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		222	0.47	1.15	0.47	41.1	76.4
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	1.26	1.26	1.25	1.1	0.75	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 normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. 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).



PATIENT

Pixie Patterson

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.

SPECIES

Feline

- Overtly normal cardiac structure and function

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The cardiac presentation in this patient was essentially normal without evidence of structural or functional cardiomyopathy such as left or right heart chamber enlargement, systolic dysfunction, or overt clinical pulmonary hypertension. The overall normal cardiac presentation indicates that the coughing and potential pulmonary edema / pleural effusion are most likely noncardiogenic in origin. An exception to this rule may include an iatrogenic or stress-induced event which may potentially lead to edema or effusion even with normal left atrium size. Overtly no Indication for Pimobendan is warranted. Weening dose of Furosemide with an assessment of clinical and radiographic response is warranted. However, consideration for potential causes of noncardiogenic cough or edema such as primary lower airway disease is likely Indicated. No overt evidence of regional pericardial pulmonary pathology was noted. Potentially thoracic CT may be considered in this patient if continued episodes of nonspecific pleural effusion are noted.

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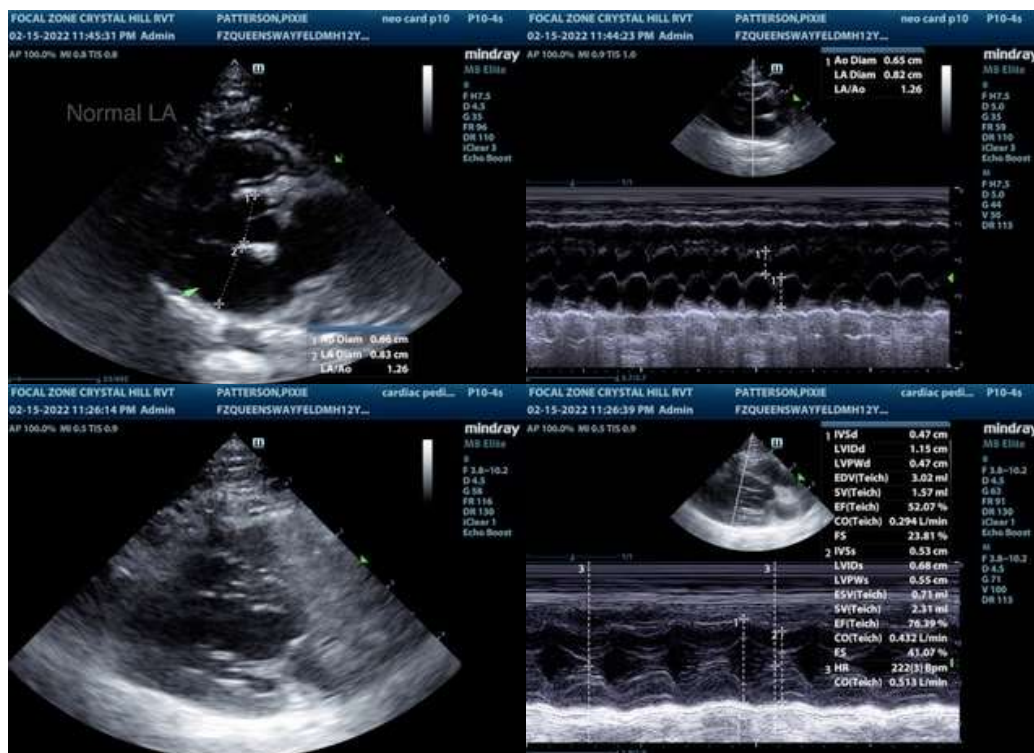
Dr. Nazaralli

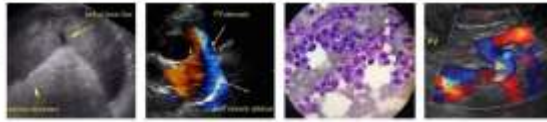
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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