

**PATIENT**

Southie Rice

**PRESENTING CLINICAL SIGNS**

Been on lasix 0.3ml SID and aspirin 1/4 tab twice weekly. Hx of congenital heart disease. taking deep breaths but not open mouth breathing. 5/6 systolic heart murmur noted on PE.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

10.5 Pounds

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		NM	0.62	1.6	1.0	56.3	90
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/)
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	3.5	3.3	2.5		1.2	1.2	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 was severely hypertrophied, more prominent in the left ventricular free wall with regions of irregularity. Diffuse hyperechoic endocardium, consistent with fibrosis and ventricular remodeling. Concurrent papillary muscle hypertrophy noted with regions of remodeling. The right ventricle is mildly affected as well. Severe left atrial enlargement is noted with anechoic content and without overt evidence of spontaneous contrast. Concurrent severe right atrial enlargement is present with evidence of spontaneous contrast. Normal RVOT velocity. Suspect systolic anterior motion of the mitral valve with normal measured LVOT velocity. Subjective eccentric mitral insufficiency, likely secondary to SAM. MR = 5.0. No overt TR. Moderate volume pericardial effusion was present. Suspect potential for concurrent pleural effusion. No overt cardiac tumors. Subjective mild bradycardia.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic/hypertrophic obstructive cardiomyopathy
- Severe biatrial dilation with evidence of right atrial spontaneous contrast
- Pericardial effusion with suspect concurrent pleural effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac presentation is most consistent with severe advanced hypertrophic cardiomyopathy/hypertrophic obstructive cardiomyopathy. Suspect potential for systolic anterior motion of the mitral valve (SAM), yet not definitive. The severe biatrial enlargement may indicate some concurrent component of unclassified cardiomyopathy. Regardless of classification, severe cardiomyopathy is present, and consistent with cardiogenic pericardial and suspect pleural effusion. Evidence of emerging thrombus formation is present, which carries a poor prognosis. Continued

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Koya Fox Lake AH

**INVOICE**

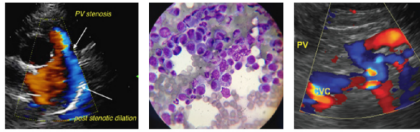
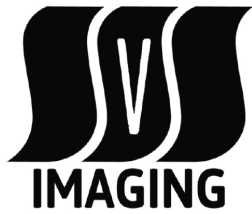
35683

**DATE**

2/15/22

**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



**Clinical Sonography & Telectology**

EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Southie Rice

appropriate dose diuretic therapy with the addition of Clopidogrel 75 mg ¼ tab SID recommended. Potentially, off-label Pimobendan 1.25 mg PO BID could be considered in this case given the measured LVOT velocity. However, given the significant cardiomyopathy, this patient is at continued increased risk of CHF, malignant arrhythmias and sudden death. An unfavorable prognosis is likely indicated.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

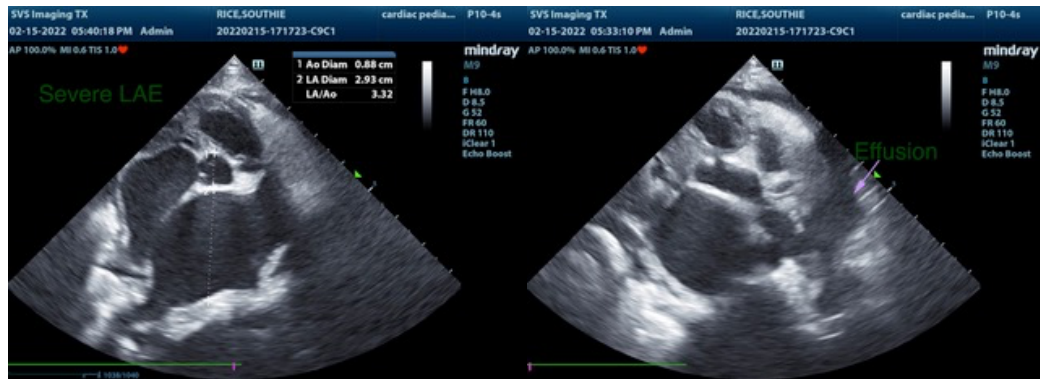
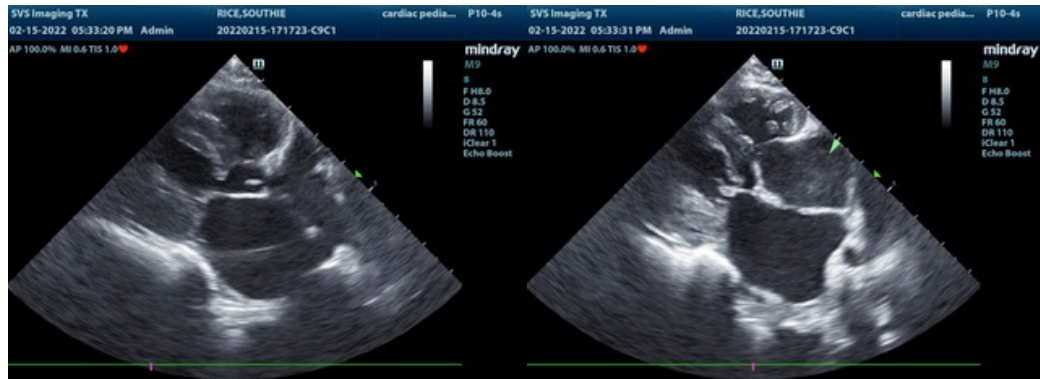
Neutered Male

**AGE**

2 Years

**WEIGHT**

10.5 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Koya Fox Lake AH

**INVOICE**

35683

**DATE**

2/15/22

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