



PATIENT

Oliver Farina

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

13388

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Hx of hyperthyroidism and CHF (dx by increased lung sounds and respiratory distress auscultated from previous veterinarian, was put on furosemide last year, still on medication). Gallop arrhythmia auscultated on PE, no murmur.

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	0.54	1.82	0.44	37.9	71.5
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		2.2	2.4	NM	NM	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 mild remodeling with subjective areas of subtle asymmetry. Subjective areas of mild hyperechoic endocardium, suggestive of fibrosis, were present. LV systolic function appeared to be adequate to potential mild subnormal, as evidenced by the fractional shortening measurement. The LV exhibited mild subjective dilation. The left atrium exhibited moderate dilation and was mildly bulbous in appearance. Overt evidence of spontaneous contrast or thrombus within the left atrium was not definitively evident. The right atrium exhibited potential for mild concurrent enlargement, although not definitive. The mitral valve is normal without evidence of overt MR or systolic anterior motion (SAM) of the mitral valve noted. No overt evidence of pericardial or free pleural fluid was present. No evidence of obvious cardiac tumors was present. Potential for Intermittent arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with mild LV myocardial remodeling
- Potential intermittent arrhythmia



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation in the face of normal LV wall thickness is suggestive of unclassified cardiomyopathy. However, given the patient's history, burnout or end-stage HCM can also have this appearance.

Regardless of classification, the degree of atrial dilation with potential for concurrent arrhythmic disease indicates high potential for congestive heart failure, and medications are warranted. Long-term prognosis is very guarded and dependent upon response to medical therapy. Lasix 1.0-2.0 mg/kg PO BID, Clopidogrel 75 mg tab (1/4 tab PO SID), +/- off-label Pimobendan 1.25 mg PO BID are recommended. Going forward, episodes of congestive heart failure, development of blood clots, and / or thromboembolic event with potential for sudden death are elevated. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs of heart disease or potential thromboembolic event are noted.



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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