

PATIENT

Kimchi Guillen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe / Shari

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Eppel

INVOICE

10657

DATE

2/26/25

PRESENTING CLINICAL SIGNS

History:

- acute onset paralysis
- gallop rhythm
- rear feet cool to touch
- absent femoral pulse.
- just started cloistered 1/4 tab SID, termed on 1.25mg 1 1/2 tab BID, ladies 12.5mg 1 1/2tab BID, benazepril 15mgs 1/2 tab SID.

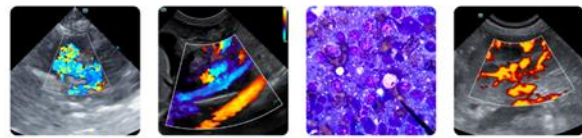
Abnormal PE/Chem/CBC/UA Results: Not collected yet.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	17 lbs.	240	0.8	1.37	0.7	40	74
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	-	1.9	1.9		3.0	1.0	-
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 is mild to moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Increased left atrial dimension with mildly bulbous appearance, no current evidence of LA thrombus. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity seen on color flow. Dynamic LVOT profile. There is mild to moderate eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. Tachycardia with possible unclassified arrhythmia was noted. Brief assessment of the distal aorta and iliac trifurcation revealed indistinct soft tissue echo within the distal aortic lumen, consistent with thrombus.



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ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy
- Mild LA enlargement
- Tachycardia with possible unspecified arrhythmia
- Indistinct aortic thrombus

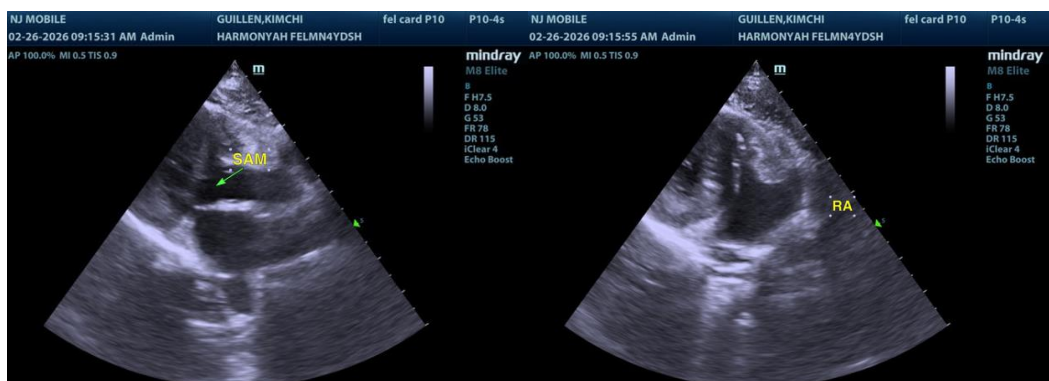
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

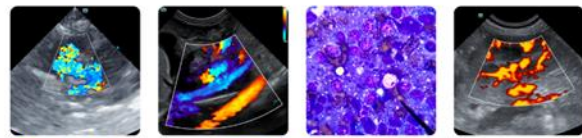
Despite a lack of significant LA enlargement, the degree of LA enlargement combined with tachycardia and potential unspecified arrhythmia in conjunction with acute onset paralysis and indistinct distal aortic thrombus is most likely consistent with a cardiogenic thrombotic event. The degree of LA enlargement consistent with congestive left heart failure is not obvious.

Antiplatelet therapy Clopidogrel 75.0 mg tab (1/4 tab) PO SID with as-needed supportive care is recommended. Alternative thrombolytic therapies could be considered. ECG is recommended for further clarification of possible anti-arrhythmic component to thrombotic event +/- rate control therapy, if clinically indicated. There is no overt indication for additional cardiac medication without definitive evidence of left-sided congestion.

This patient will remain at significantly increased risk for CHF, progressive arrhythmia, or recurrent thrombotic events. Prognosis is extremely guarded with sonographic monitoring advised. Recheck echocardiogram is suggested in 4-6 months, sooner if clinically indicated. If required, the following anesthetic protocol is recommended with limited anesthetic time and judicious IV fluid administration. Anesthetic risk is at least moderate. Assessment of T4 level and systemic BP for evidence of complicating factors is recommended.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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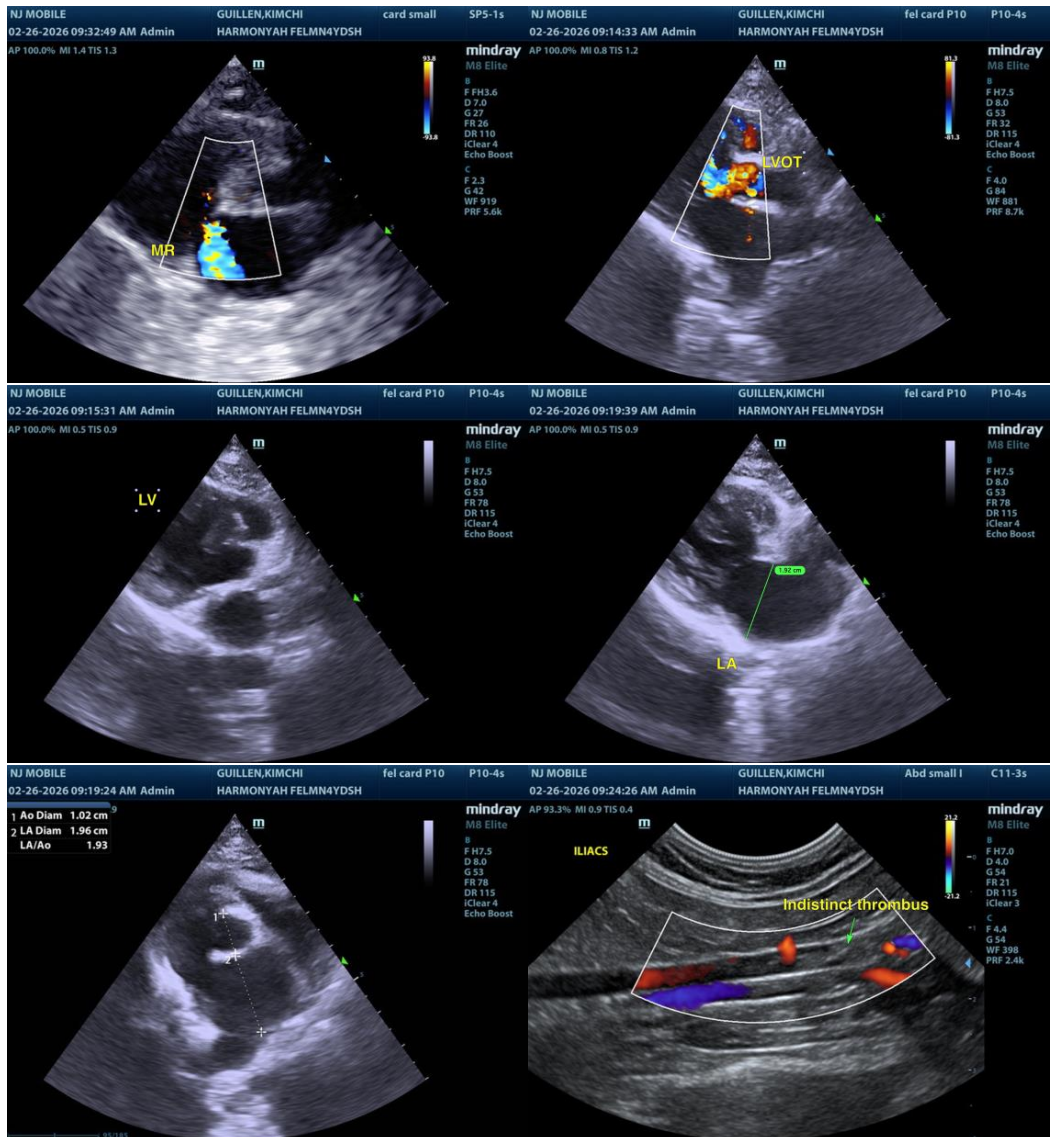
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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