



PATIENT

Mr. Fat Robbins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Tracy Nyberg

INVOICE

45540

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Referral from neighboring clinic, nonclinical at home but pro BNP elevated at 1200
Abnormal PE/Chem/CBC/UA Results: NSF on CBC/Chem/UA

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	0.56	1.85	0.51	45	80
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	2.3	2.3	2.2	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 was mildly remodeled with regions of mild asymmetry. Subjective mild diffuse hyperechoic endocardium noted, which may suggest fibrosis. Subtly prominent to remodeled papillary muscles. LV systolic dysfunction is adequate with borderline dilated LV and overtly normal RV size. The left atrium was mildly dilated to bulbus in appearance. No evidence of LA spontaneous contrast or organized thrombus. The right atrium was indistinctly visualized, yet without evidence of significant enlargement. The mitral valve was mildly thickened. No evidence of significant MR, although mild MR cannot be excluded. No obvious TR. Scant pericardial effusion was present. No obvious pleural effusion or overt cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Moderately enlarged to bulbus LA
- LV myocardial remodeling with adequate yet mildly decreased LV function
- Scant pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation may suggest unclassified cardiomyopathy, given evidence of LA enlargement in the face of within normal limits LV wall thickness, although burnout or end stage HCM could also have this appearance. Regardless of categorical classification, the degree of atrial enlargement indicates that the current and future risk going forward of potential CHF episode as evidenced by the scant pericardial effusion is elevated.

Given that the patient is non-clinical, empirical lowest effective dose of Lasix 1-2 mg/kg PO BID as well as prophylactic Clopidogrel 75 mg tab (1/4 tab PO SID), as this patient is at potential increased risk of



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thrombus formation, would be warranted. Monitoring of renal values on diuretic therapy, ideally systemic BP +/- ECG if evidence of arrhythmia, recommended. Serial sonographic monitoring recommended for further prognosis. Recheck echocardiogram recommend in 6 months, sooner if clinically indicated or if evidence of clinical CHF.

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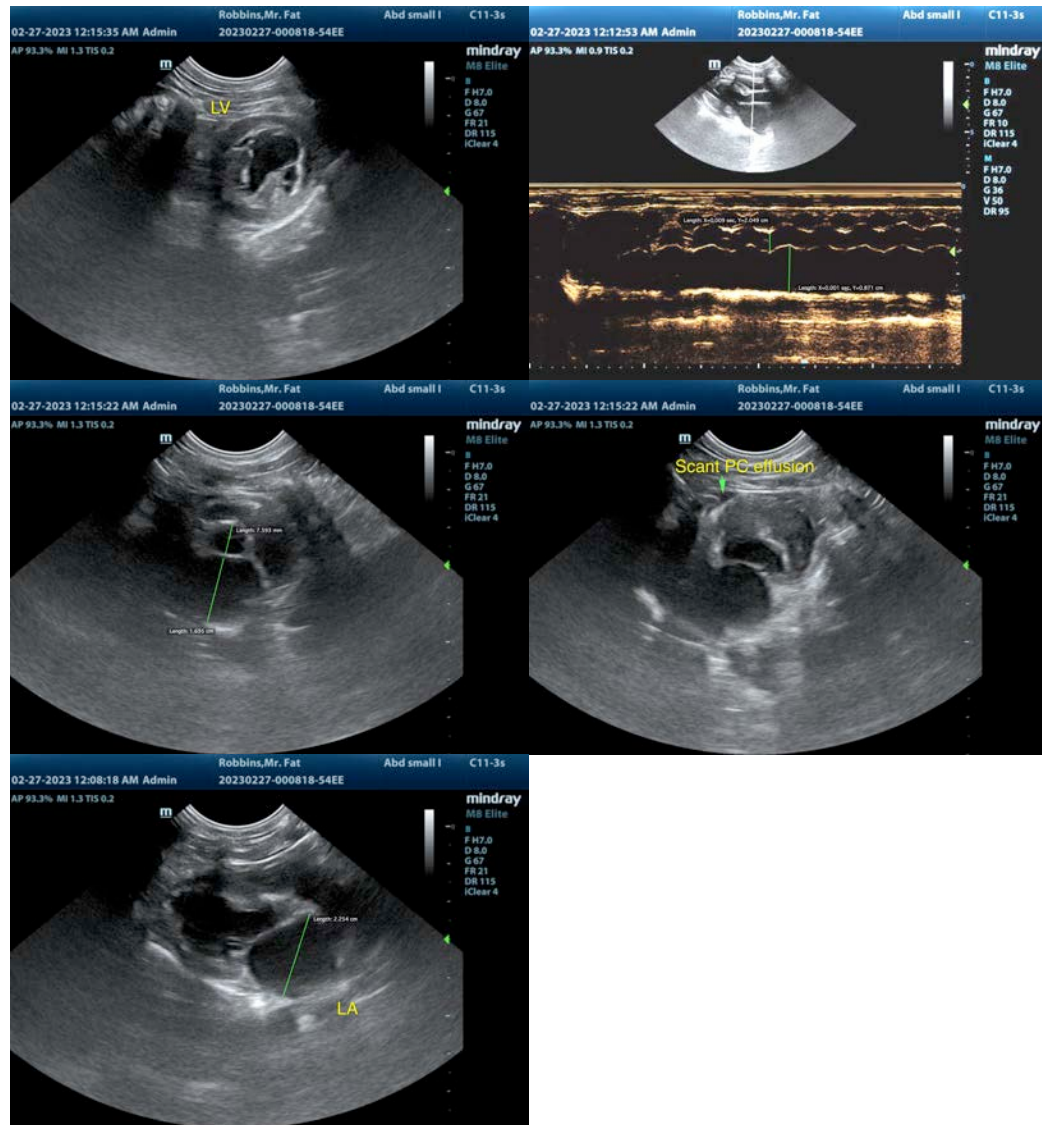
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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