



PATIENT PRESENTING CLINICAL SIGNS

Coco Bean Gnecco

History: Pleural effusion, tachyarrhythmia; improved on meds. Current meds: Atenolol 1/4 SID, Furosemide 12.5 BID
Abnormal PE/Chem/CBC/UA Results: NSF

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

17 Years

WEIGHT

9 Lbs.

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	--	152	0.48	1.72	0.51	25	53.7
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	2.8	2.8	2.15	1.14	0.83	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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

14117

DATE

2/28/22

Cardiac Presentation

The LV wall is remodeled with regions of asymmetry yet within normal limits for thickness. Diffuse hyperechoic endocardium consistent with fibrosis is present. Prominent to remodeled papillary muscles were present. LV systolic dysfunction is decreased. The LV and RV are both borderline dilated. The left atrium is severely dilated and bulbous in appearance. No overt evidence of spontaneous contrast or thrombus formation noted. The right atrium exhibited concurrent mild dilation without evidence of spontaneous contrast or thrombus formation. The mitral valve exhibited subjective thickening with mild centralized to eccentric MR. Mild concurrent TR noted. Blood flow through the LVOT and RVOT was overtly normal in velocity. Scant pericardial effusion was seen. No overt evidence of concurrent pleural effusion or obvious cardiac tumors present. Tachyarrhythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy, exhibiting severe LV systolic dysfunction
- Mild MR/TR
- Scant pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall presentation of the heart is most consistent with unclassified cardiomyopathy given the biatrial enlargement in the face of normal to remodeled LV wall thickness. However, burnout or end stage HCM can also have this appearance. Given the likelihood of LV fibrosis, concurrent diastolic



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dysfunction in addition to systolic dysfunction is suspected. Finally, evidence of a tachyarrhythmia was noted.

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ECK assessment for further clarification (rule out atrial fibrillation) is recommended. Regardless of the classification, the degree of atrial dilation and concurrent tachyarrhythmia confirms the diagnosis of emerging to current congestive heart failure. Long-term prognosis is likely unfavorable, yet medical therapy is recommended with assessment of clinical response. Off label Pimobendan at 1.25 mg PO BID, Lasix at 1-2 mg/kg PO BID as well as Clopidogrel at 75 mg ¼ tab PO SID is recommended.

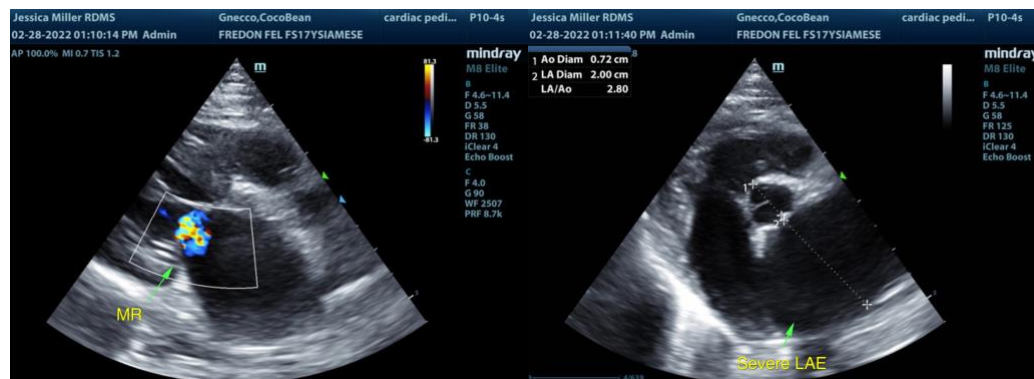
BREED

Siamese

Going forward, this patient is at significantly elevated risk for continued episodes of CHF, development of blood clots and/or sudden death. Once medical therapy has been initiated, monitoring of renal parameters, blood pressure and ideally, ECG as needed, would be appropriate. Recheck echocardiogram suggested in 4-6 months or sooner if clinically indicated.

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Spayed Female



AGE

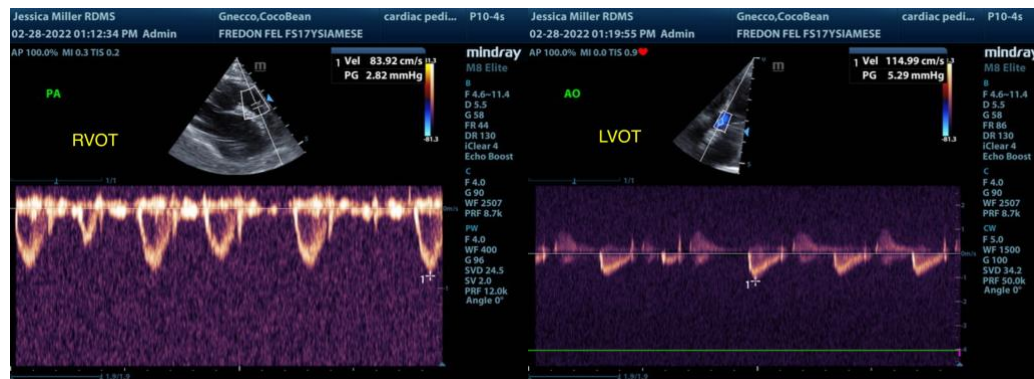
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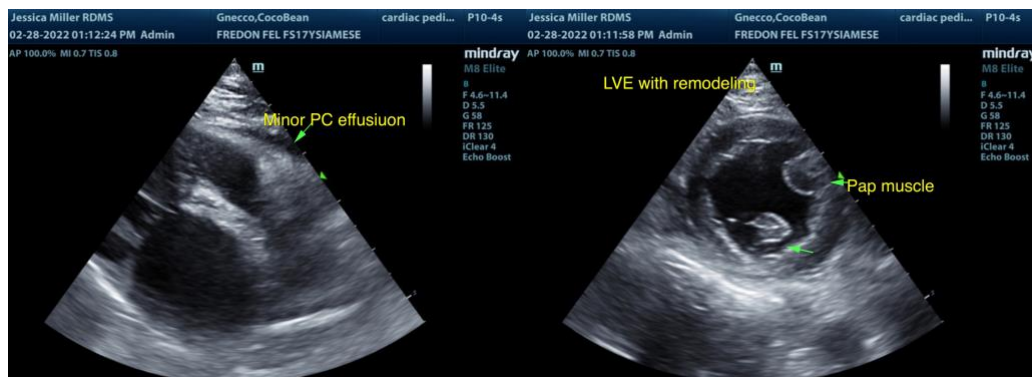
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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