SonoPath
Clinical Sonography & Telecytology
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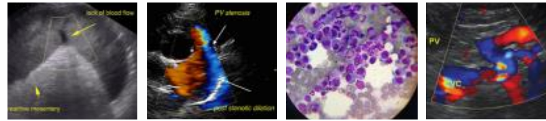


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Rosie Solomon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Vitality AH

REFERRING VET

Dr. Surroz

INVOICE

13721

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: Dyspnea, tachypnea, crackles initially resolved with oxygen and lasix Current Medications Lasix, methimazole

Abnormal PE/Chem/CBC/UA Results: Slightly elevated T4 and eosinophilia otherwise wnl Radiographic Findings Cardiomegaly pulmonary edema, possible asthma

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	--	199	0.56	1.85	0.52	33.3	65.6
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	2.8	2.2		0.9	0.7	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							

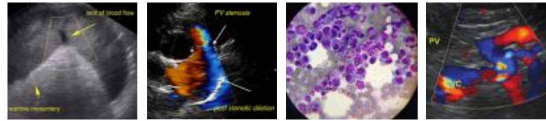
Cardiac Presentation

The left ventricular wall exhibited evidence of remodeling with minor regions of asymmetry. The endocardium exhibited subjective diffuse increased echogenicity, suggestive of fibrosis. Mildly prominent to remodeled papillary muscles were present. The left ventricle systolic function is mildly decreased yet adequate, as evidence by the fractional shortening measurement. The left ventricle is borderline dilated. The left atrium is severely dilated and mildly bulbous in appearance. Anechoic content was present in the left atrium without overt evidence of smoke or thrombus. The right atrium is moderately dilated. The mitral valve is normal with trace, primarily centralized, insufficiency. No obvious TV insufficiency. Blood flow through both the LV and RV outflow tract was subjectively laminar with normal velocities. Minor pericardial effusion was present. Overt evidence of concurrent pleural effusion was not noted yet could not be definitively excluded. No obvious cardiac tumors noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy
- Mild MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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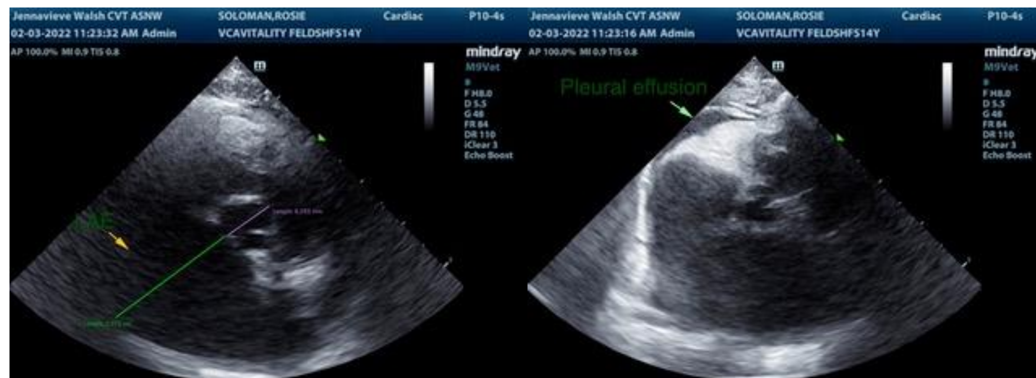
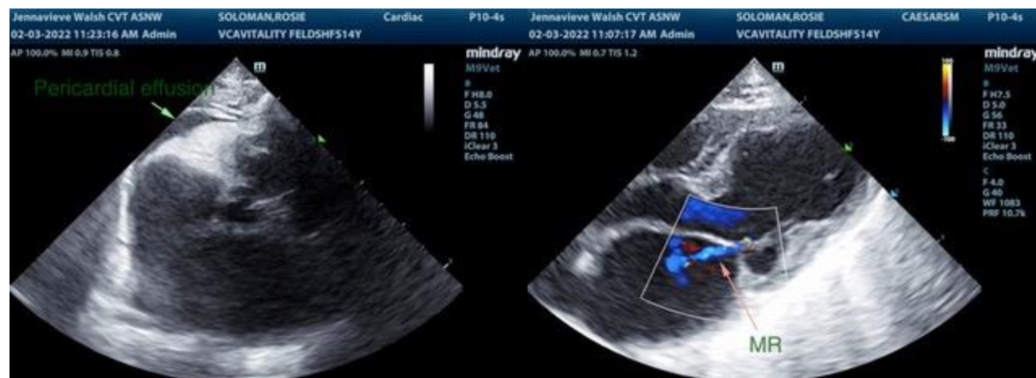
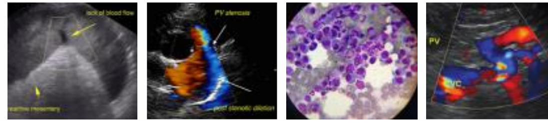
The finding of biatrial enlargement in the face of overtly normal left ventricle wall thickness is most consistent with unclassified cardiomyopathy, although burnout or end-stage hypertrophic cardiomyopathy can also have this appearance. Regardless of classification, the degree of atrial dilation indicates that the diagnosis of congestive heart failure as the likely cause of pericardial effusion and potential pulmonary edema, concurrent primary lower airway disease could also be possible. Long term prognosis is extremely guarded. However, medical therapy is recommended.

Consider hospitalization with diuretic therapy until patient is stabilized, off-label Pimobendan at 1.25 mg PO BID, Lasix at 1-2 mg/kg PO BID and Plavix at 75 mg tablet ¼ tab PO SID (given the increased risk of thrombus formation) is recommended. Monitoring of renal values, blood pressure and ideally ECG to rule out concurrent arrhythmogenic disease is warranted. This patient is at elevated risk for continued episodes of congestive heart failure, development of malignant arrhythmias and potential for sudden death. Recheck echocardiogram suggested in 4-6 months or sooner if continued clinical signs, consistent with cardiac decompensation are noted.







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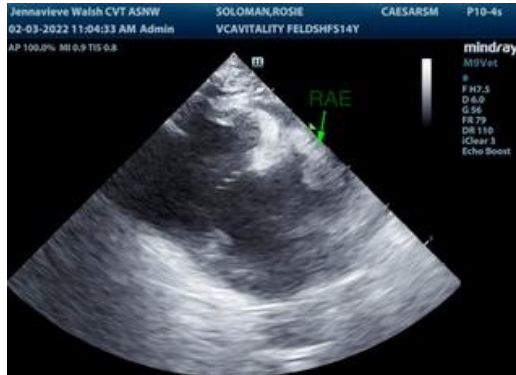

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com