



PATIENT

Max Roccisano

PRESENTING CLINICAL SIGNS

Recheck after diagnosis of CHF on 12/9/22; also has been vomiting. Arrhythmia.

SPECIES

Feline

Current meds: Pimobendan 3.75mgs 1/2 tab PO BID, Lasix 12.5 mgs 1/2 tab BID, Clopidogrel 75 mgs 1/4 tab SID.

Abnormal PE/Chem/CBC/UA Results: Bloods pending.

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

14.4lb

ULTRASONOGRAPHIC RECHECK 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		144	0.57	2.0	0.5	36	70
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		2.5	2.2	1.0	0.95		
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)

Cardiac Presentation

The left ventricular wall exhibited static remodeling with regions of myocardial asymmetry and diffuse mild hyperechoic endocardium consistent with fibrosis. Mild prominent to remodeled papillary muscles were present. Borderline increased LV thickness was noted. LV systolic function was adequate as evidenced by the FS measurement. The LV was borderline to mildly dilated in appearance. The RV appeared to exhibit normal volume and free wall thickness with mild RV free wall myocardial remodeling. The LA exhibited persistent subjective dilation and bulbous appearance with mild evidence of spontaneous contrast. No formed thrombus. The right atrium exhibited concurrent mild to moderate dilation with possible concurrent spontaneous contrast although not definitive. No formed RA thrombus. The mitral valve exhibited mild thickening with centralized MR on Doppler. No obvious TR noted. Blood flow through the LVOT/RVOT was overtly normal with normal measured velocity. Very scant pericardial effusion was visualized without overt evidence of concurrent pleural effusion. No obvious cardiac tumors. Consistent tachyarrhythmia was present.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Ammeraal

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy-subjectively static.
- Biatrial enlargement with minor LA and possible discrete RA spontaneous contrast.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An overall similar to static cardiac presentation compared to the previous study with consistent tachyarrhythmia. Unclassified cardiomyopathy with potential for burn out or end stage hypertrophic

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cardiomyopathy possible. Continued recommended and current medication protocol with monitoring of renal parameters suggested. Ideally ECG recommended for further classification of the arrhythmia.

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Prognosis remains extremely guarded to poor long term. Recheck echo recommended in 4-6 months, sooner if clinically indicated. This patient remains at significantly increased risk for recurrent CHF, progressive malignant arrhythmia, aortic thromboembolic event and/or sudden death.

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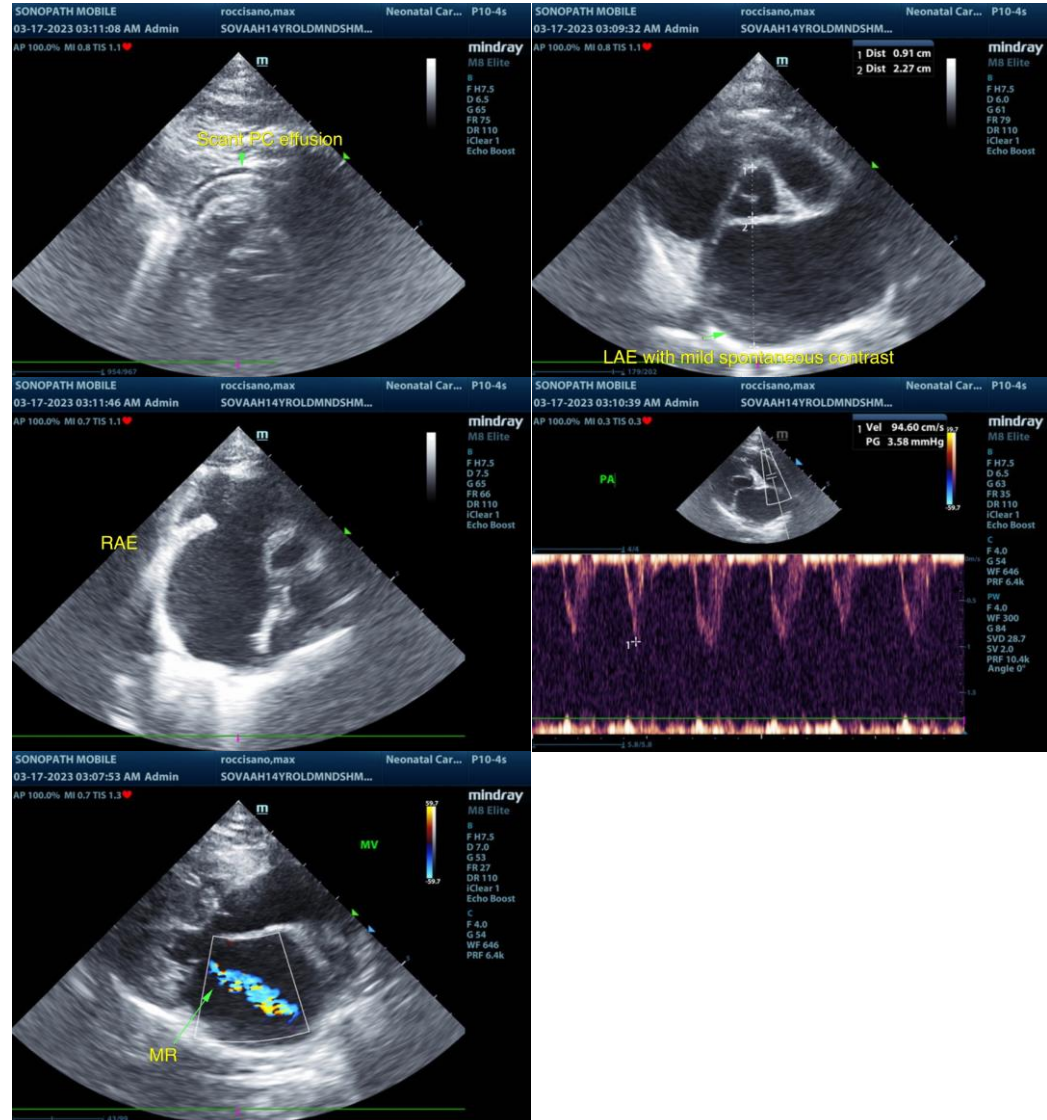
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com



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