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Clinical Sonography & Telecytology
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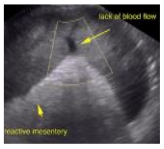
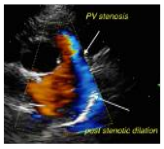
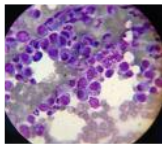
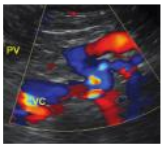

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1-800-838-4268 info@sonopath.com

PATIENT

Wendell McKimm

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers of Flanders

REFERRING VET

Dr. Hargadon

INVOICE

16419

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Hx of mitral/tricuspid insufficiency. Recently breathing abnormally; diagnosed with unclassified cardiomyopathy a year ago. Decreased appetite as of yesterday with lethargy. on Vetmedin 1.25mg bid, enalapril 2.5mg sid, lasix 12.5g x 1/2 bid., and plavix. Last night gave inj of cerenia and convenia.

Abnormal PE/Chem/CBC/UA Results: pending

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		187	0.41	1.7	0.40	28	58
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	2.2		0.9	0.70	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 mild remodeling with minor regions of asymmetry. Diffuse hyperechoic endocardium, consistent with fibrosis, was noted. Normal LV free wall and septal thickness were present. LV systolic function is decreased. LV and RV are both dilated in appearance. The left atrium was significantly to progressively dilated and bulbous in appearance compared to the previous ultrasound with suspicion for subtle to discrete spontaneous contrast to disorganized LA thrombus. The right atrium exhibited persistent moderate dilation. The mitral valve was normal with trace centralized to eccentric MR. Concurrent trace TR was noted on Doppler. Blood flow with the LVOT and RVOT exhibited normal laminar flow with normal measured respective velocities. No overt pericardial or pleural effusion was present. No obvious cardiac tumors were visualized. Intermittent, nonspecific arrhythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Progressive unclassified cardiomyopathy with biatrial enlargement, evidence of subtle LA spontaneous contrast / smoke
- LV systolic dysfunction and reduced fractional shortening
- Trace MR / TR

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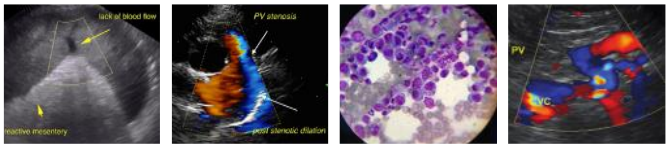

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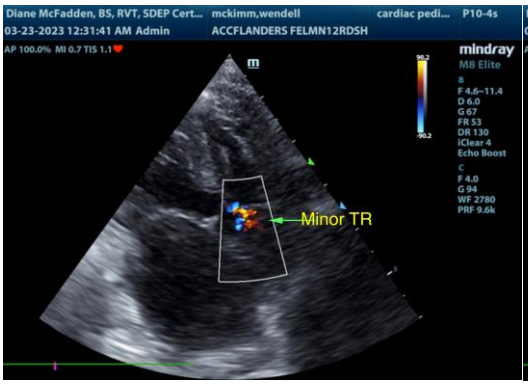
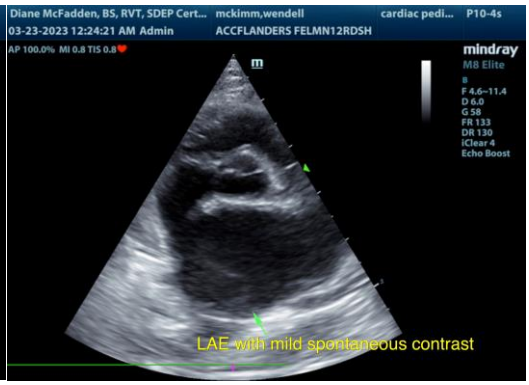
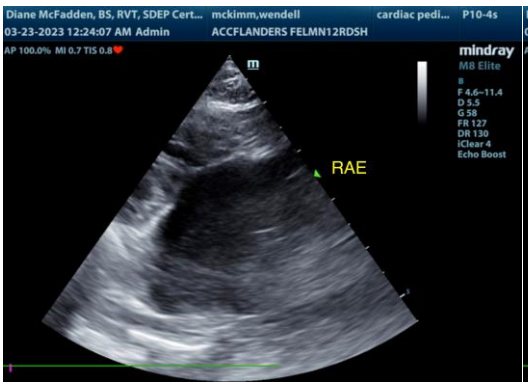
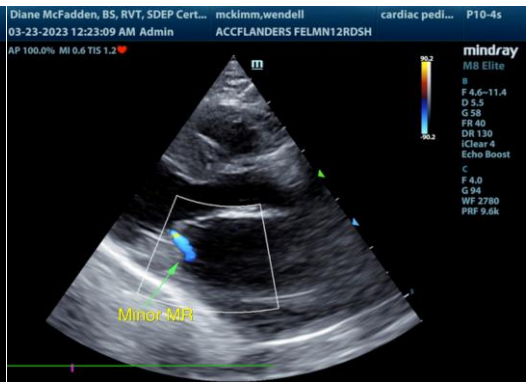
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation suggests progressive LA enlargement with evidence of mild spontaneous contrast yet disorganized early thrombus formation with overall static LV diameter yet evidence of decreased LV function. This potentially may indicate burnout or end-stage cardiomyopathy, given the patient's recent breathing abnormality. Correlation with three-view chest radiographs to assess of evidence of non-visualized pulmonary edema or pleural effusion is suggested. Continued current medical protocol with a possible mild increase in Lasix frequency or dose with close monitoring of renal parameters, systemic BP, and ideally ECG assessment for further clarification of the intermittent arrhythmia. Unfortunately, this patient remains at a significantly increased risk for recurrent CHF, progressive arrhythmia, and thromboembolic disease. An extremely guarded to potentially poor long-term prognosis is indicated. Recheck echocardiogram is recommended in 4-6 weeks, sooner if clinically indicated.









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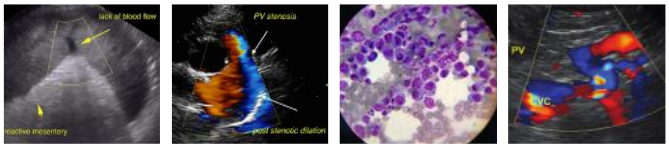

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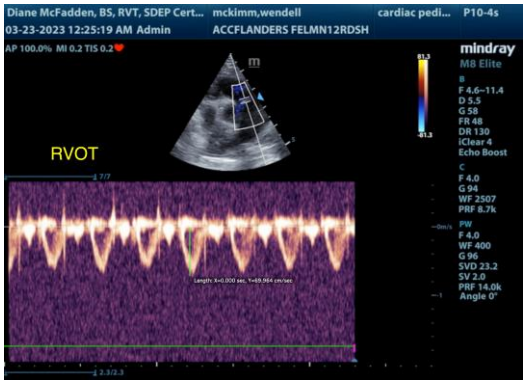

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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