


PATIENT

Hammy Pezzola

PRESENTING CLINICAL SIGNS

presumed injury to hind legs - then appeared to be a vascular issue. On 1/8 low dose aspirin pending echo

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CPL 1438, BNP 1500

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DLH

SEX

MN

AGE

14yr

WEIGHT

13.4lb

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		173	0.57	1.7	0.59	30.5	62
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	2.9	2.8	2.5	1.0	0.94		

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

Diane McFadden

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

13345ag

DATE

03/31/2023

Cardiac Presentation

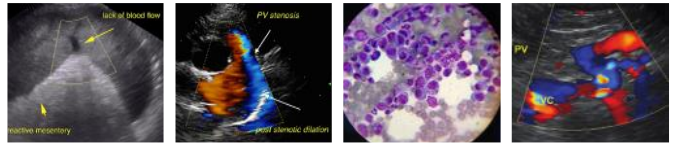
The left ventricular wall was borderline thickened with myocardial remodeling and regions of myocardial asymmetry. Diffuse mild hyperechoic endocardium consistent with LV fibrosis was present with mildly prominent to remodeled papillary muscles. LV systolic function was decreased. The LV is borderline dilated. Normal RV volume was present. The left atrium was severely dilated and bulbous in appearance. Anechoic content was present in the LA without overt current spontaneous contrast or smoke. The right atrium exhibited concurrent moderate dilation without evidence of RA spontaneous contrast. The mitral valve was mildly thickened to irregular with trace central MR. No obvious TR on Doppler. Blood flow through the LVOT and RVOT was overtly normal in measured velocity. Scant pericardial effusion was noted. No obvious evidence of concurrent pleural effusion. No cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Borderline thickened remodeled LV with LV systolic dysfunction.
- Severe LA enlargement with concurrent RA enlargement.
- Scant pericardial free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant cardiomyopathy is present with considerations including unclassified cardiomyopathy or possible burnout/end stage HCM. The degree of atrial dilation and LV systolic dysfunction confirms the diagnosis of CHF. The degree of LA enlargement indicates a significantly elevated risk for aortic thromboembolism which may have occurred in this patient although no evidence of current spontaneous contrast was visualized. Long term prognosis is likely poor with significant increased risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death.



PATIENT

Hammy Pezzola

Suggested medical therapy includes hospitalization with injectable diuretic and O2 therapy if clinically indicated along with Lasix 1-2 mg/kg PO BID, clopidogrel 75 mg tab ¼ tab PO SID and off label Pimobendan 0.25-0.3 mg/kg PO BID. Monitoring of renal values, BP and ECG is advised. Recheck echocardiogram suggested in 3-4 months, sooner if clinically indicated.

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14yr

WEIGHT

13.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Fredon AH

REFERRING VET

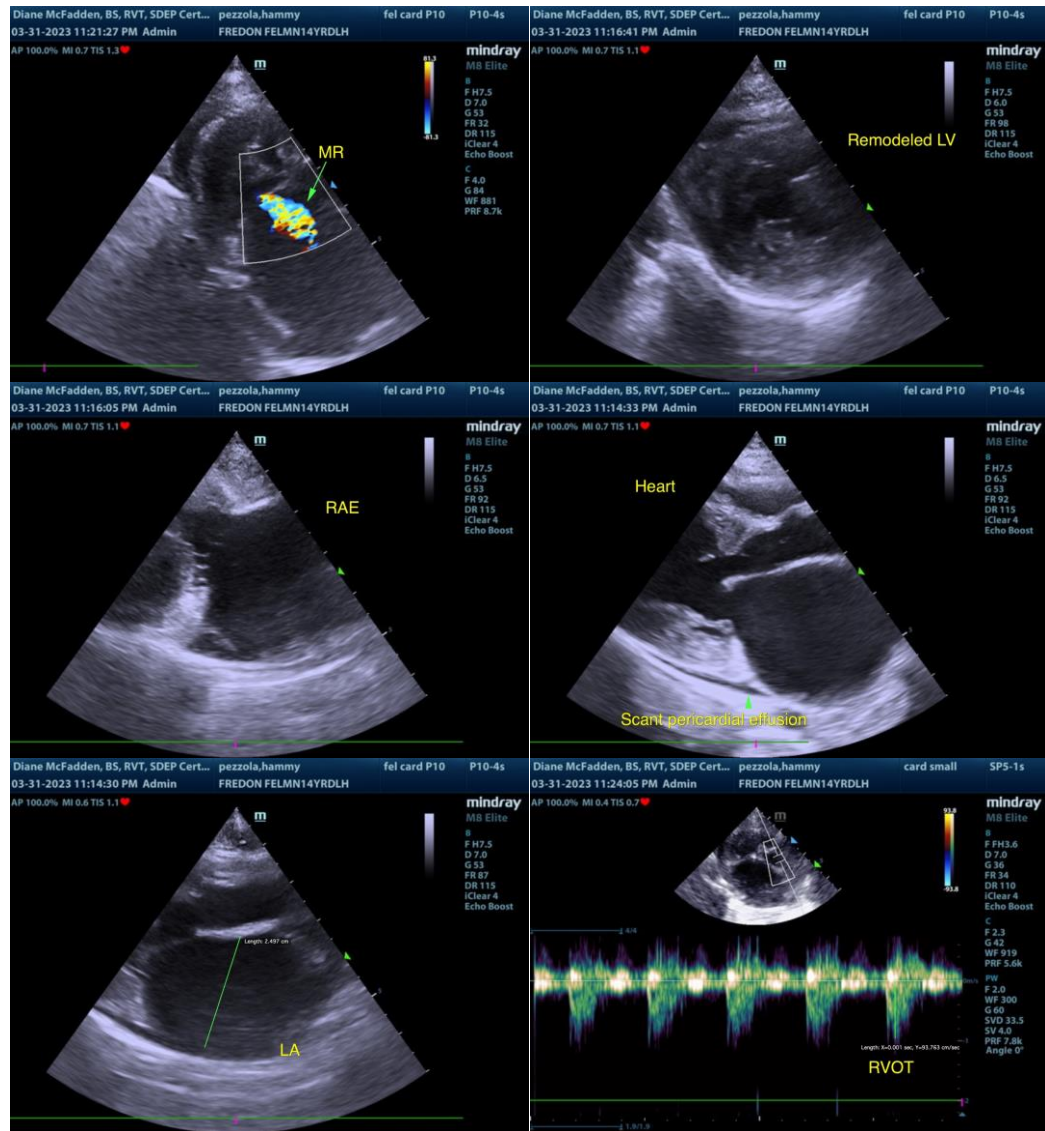
Dr. Grau

INVOICE

13345ag

DATE

03/31/2023





PATIENT

Hammy Pezzola

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14yr

WEIGHT

13.4lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Fredon AH

REFERRING VET

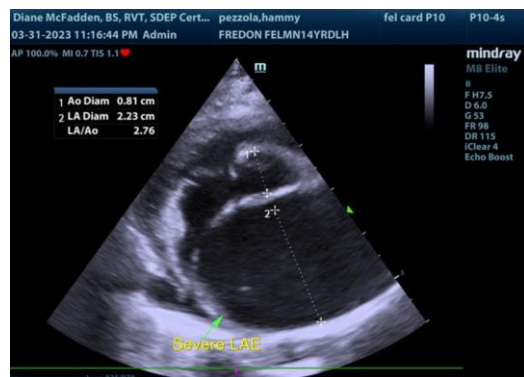
Dr. Grau

INVOICE

13345ag

DATE

03/31/2023



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