



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Winewski
PRESENTING CLINICAL SIGNS History: Clear pleural effusion and ascites Current meds: Gabapentin, 1 Furosemide injection, RC Renal/HP

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 146, BUN 122, Creat 6.1 UA: +1 blood, +2 protein SG: 1.011

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

DSH

SEX

Spayed female

AGE

16 years

WEIGHT

8.1 pounds

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		220	0.48	1.77	0.47	41	75.2
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	NM	2.6	2.1	NM	0.64	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

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

10347ag

DATE

04/12/2022

Cardiac Presentation

The left ventricular wall exhibited normal thickness with evidence of mild myocardial remodeling and subtle areas of myocardial asymmetry. No evidence of papillary muscle hypertrophy was noted. The LV systolic dysfunction was adequate yet mildly decreased as evidenced by the FS measurement. The LV and RV are both borderline to mildly enlarged. The LA exhibited significant dilation with bulbous appearance. Anechoic content was present in the left atrium without evidence of spontaneous contrast or thrombus. The RA exhibited concurrent enlargement containing anechoic content and without evidence of spontaneous contrast. The mitral valve was normal with trace centralized MR. No obvious TR was noted. The LVOT and RVOT exhibited normal structural integrity with laminar RVOT outflow. No evidence of pericardial effusion. Moderate volume pleural and peritoneal anechoic effusion was present. No obvious cardiac tumors were observed.

Subjective hepatic vasculature congestion present on brief hepatic sonographic assessment.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy exhibiting significant LA enlargement.
- Bi-cavitary effusion with subjective hepatic congestion.



PATIENT

Daisy Winewski

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

16 years

WEIGHT

8.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

10347ag

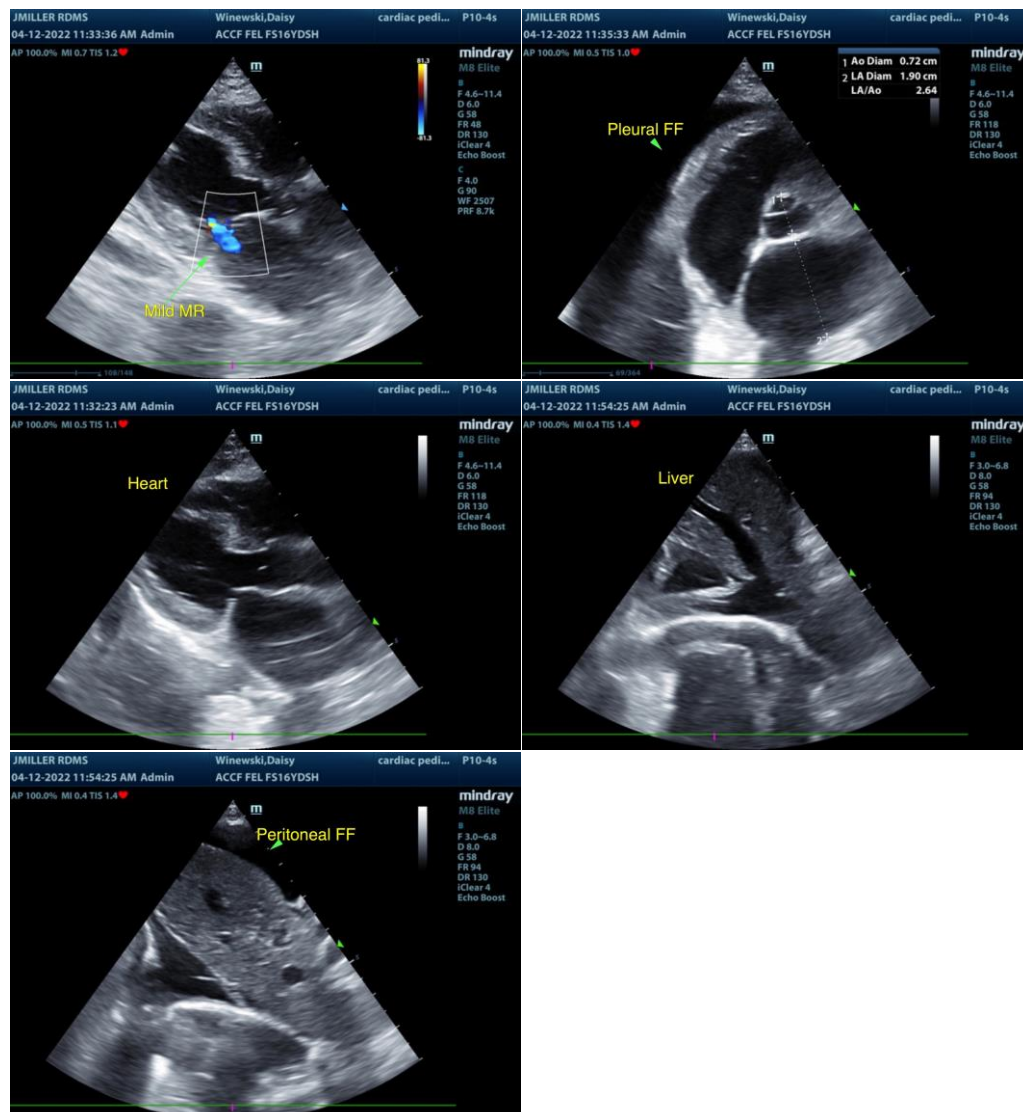
DATE

04/12/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation given the biatrial enlargement in the face of normal LV wall thickness is most consistent with advanced unclassified cardiomyopathy. However, burn out or end stage HCM can also have this appearance. LV systolic and diastolic dysfunction are likely. The presentation is consistent with congestive heart failure with secondary bi-cavitary effusion and evidence of hepatic congestion. Long term prognosis is likely very guarded to unfavorable.

Medical therapy is suggested with assessment of clinical response. Consider hospitalization with injectable Lasix until stabilized. Lasix 1-2 mg/kg PO BID, clopidogrel 75 mg tablet ¼ tab PO SID and Pimobendan off label use 1.25 mg PO BID is suggested. Monitoring of renal parameters, BP and ECG is advised. Recheck echocardiogram could be considered in 4-6 months, sooner if continued episodes of CHF or other cardiac clinical signs.





PATIENT

Daisy Winewski

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

16 years

WEIGHT

8.1 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

10347ag

DATE

04/12/2022

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