


PATIENT

Chewy McCoy

PRESENTING CLINICAL SIGNS

Patient presents for possible fluid in chest and labored breathing. Current Antronex.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15yr

WEIGHT

9.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Riverdale Integrative
 VC

REFERRING VET

Dr. Kuo

INVOICE

13561ag

DATE

04/21/2023

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 | | 202 | 0.69 | 1.1 | 0.69 | 21 | 47 |
| 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 | 2.4 | 2.0 | 0.95 | 0.6 | | |
| 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

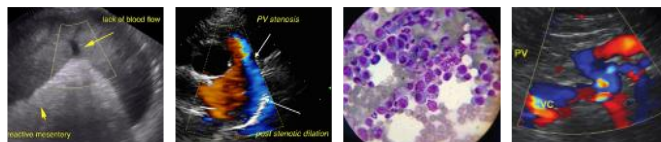
The left ventricle was remodeled and thickened in appearance with regions of myocardial asymmetry. Diffuse hyperechoic endocardium consistent with fibrosis was present. LV systolic function is decreased. Mildly reduced LV volume with subjective normal RV volume was present. The LA was significantly dilated and bulbous in appearance with no overt evidence of spontaneous contrast or smoke. The RA exhibited concurrent dilation with evidence of mild disorganized spontaneous/smoke. The mitral valve was normal with no overt MR. No overt TR was present. Blood flow through the LVOT and RVOT was mildly subnormal in measured velocity. Moderate volume anechoic pleural effusion was present with scant pericardial effusion. Concurrent ascites was present. No overt cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Biatrial enlargement with mild disorganized right atrium spontaneous contrast/smoke.
- Thickened remodeled LV with decreased LV systolic function.
- Pleural and peritoneal effusion with concurrent scant pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac appearance is suggestive of burn out or end stage HCM although some level of LV pseudohypertrophy and/or unclassified/restrictive cardiomyopathy is possible. Significant LV remodeling and fibrosis indicates systolic dysfunction in addition to diastolic dysfunction. Evidence of early right atrial thrombus formation was present. The degree of biatrial enlargement and LV systolic dysfunction confirms the diagnosis is CHF. Long term prognosis is poor. This patient is at significantly increased risk for continued episodes of CHF, development of malignant arrhythmias, thrombus formation and/or sudden death. Correlation with effusion analysis cytology +/- C/S could be considered. Consider hospitalization with as needed O2 and injectable diuretic therapy until the patient is stabilized. Lasix 1-2 mg/kg PO BID, clopidogrel 75 mg tab ¼ tab PO SID and off label



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Pimobendan 0.2-0.3 mg/kg PO BID is recommended. Monitoring of renal parameters and systemic BP is possible is suggested. Recheck echocardiogram recommended in 4-6 weeks, sooner if clinically indicated.

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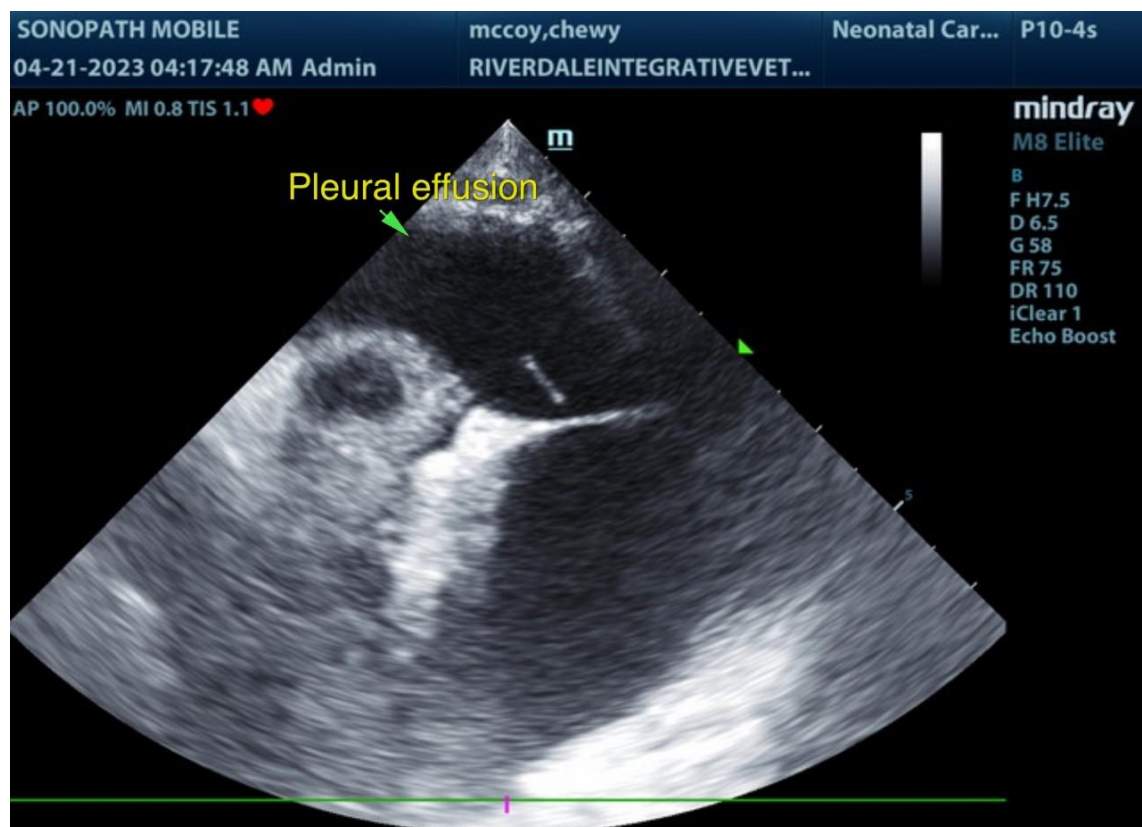
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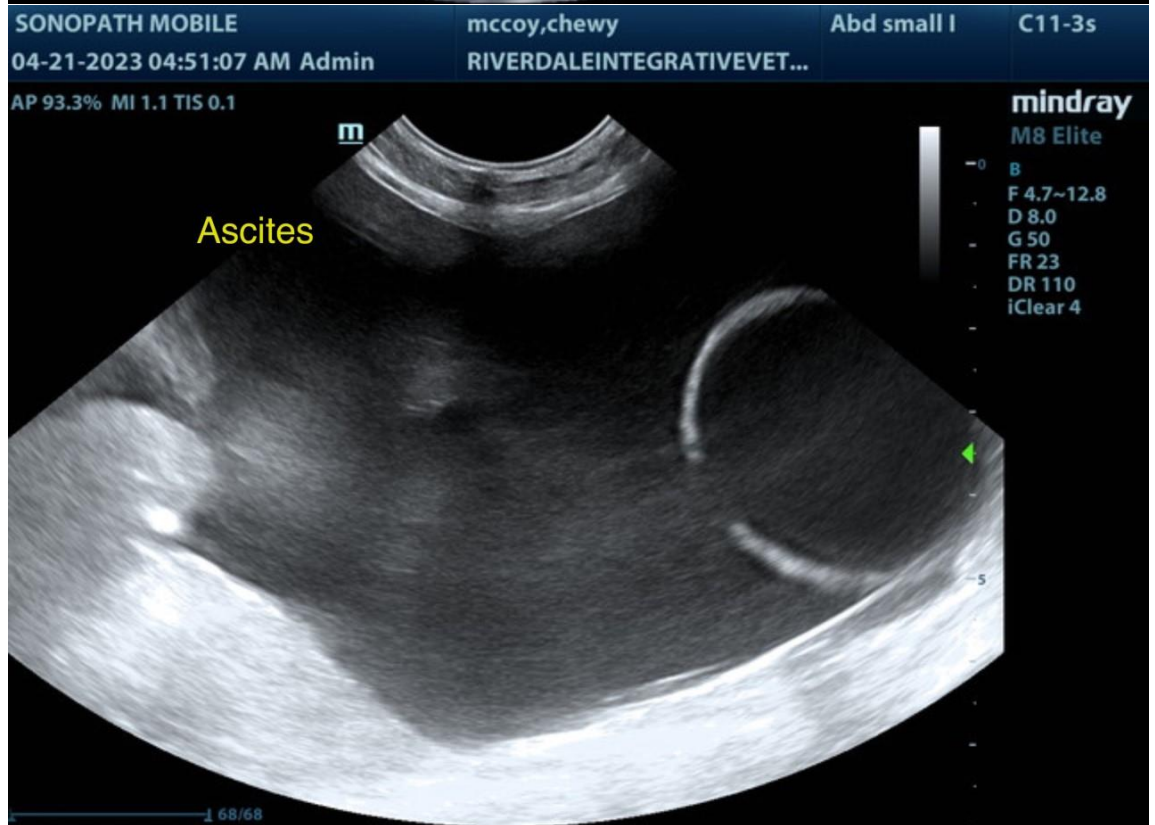
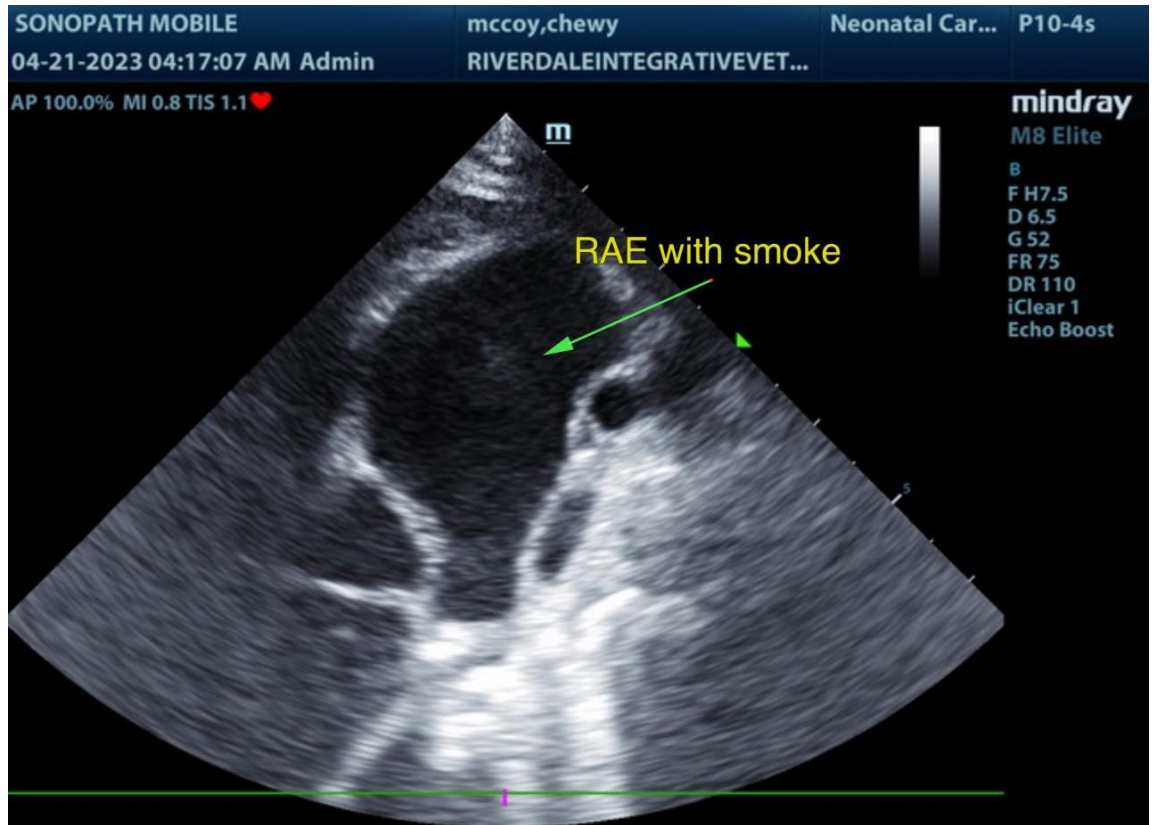
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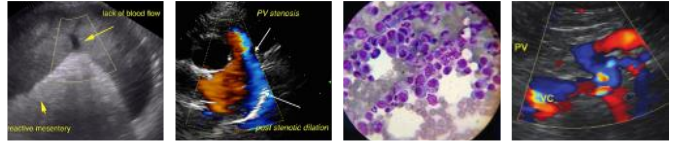
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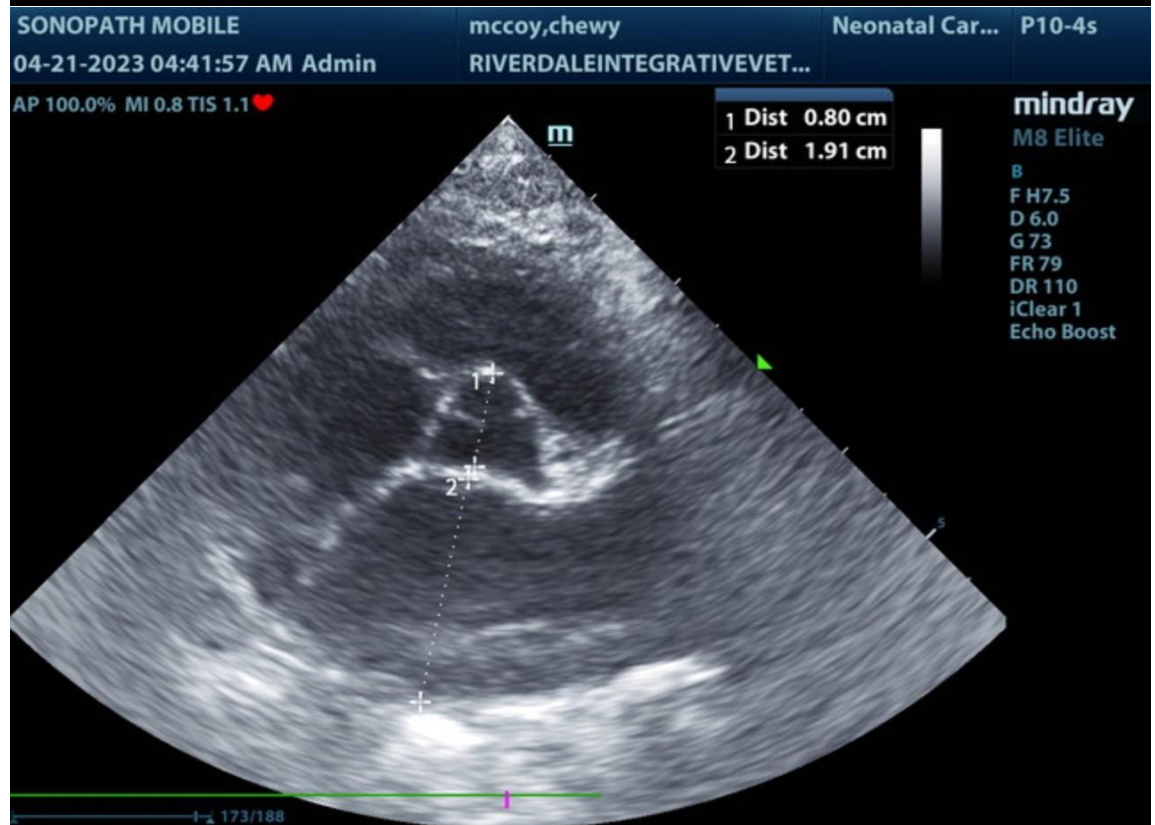
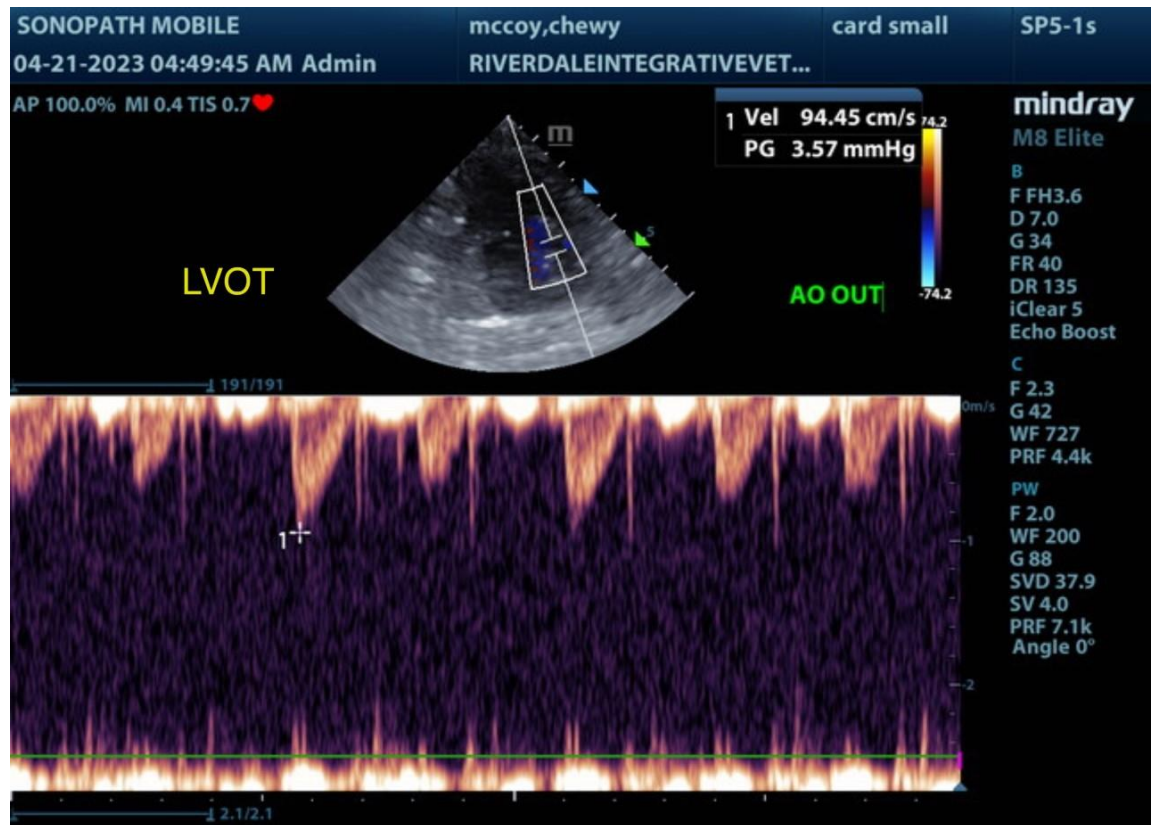
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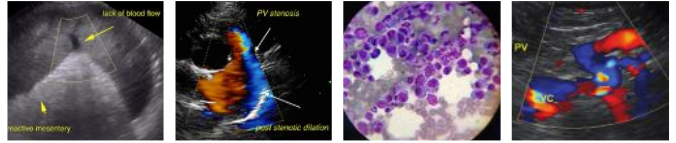
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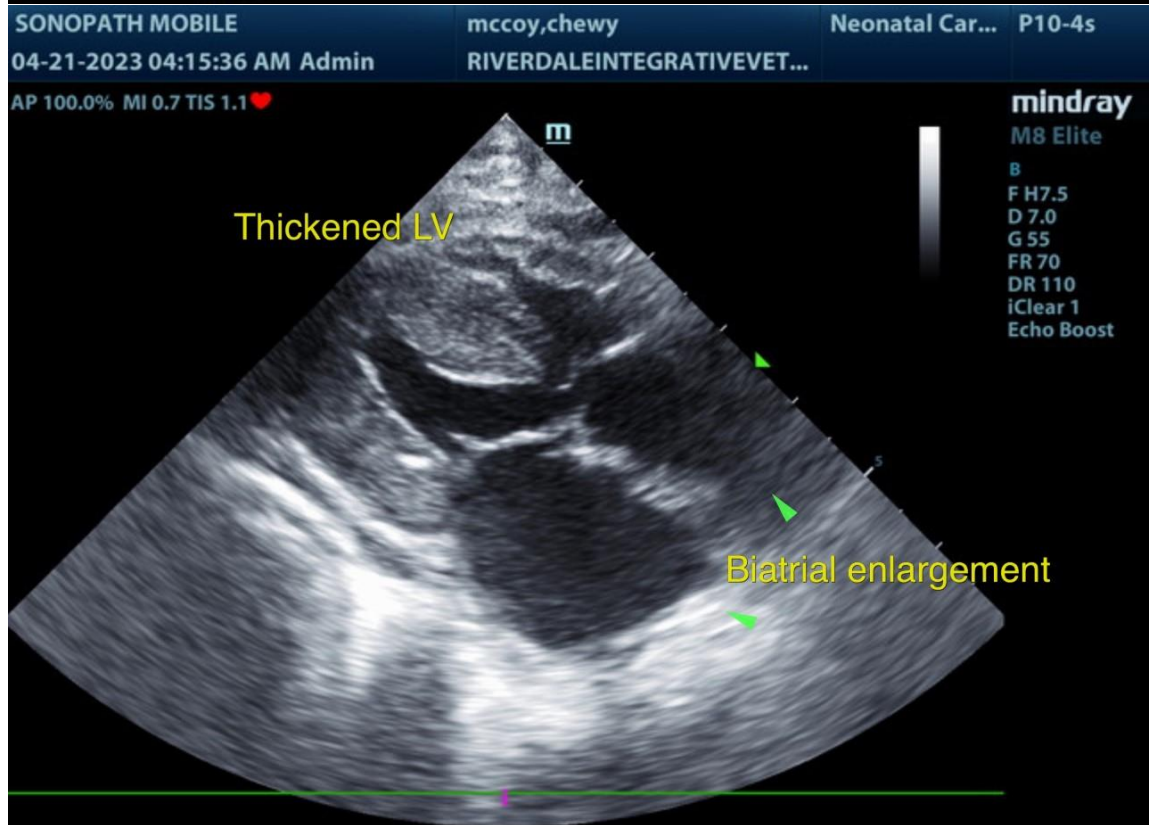
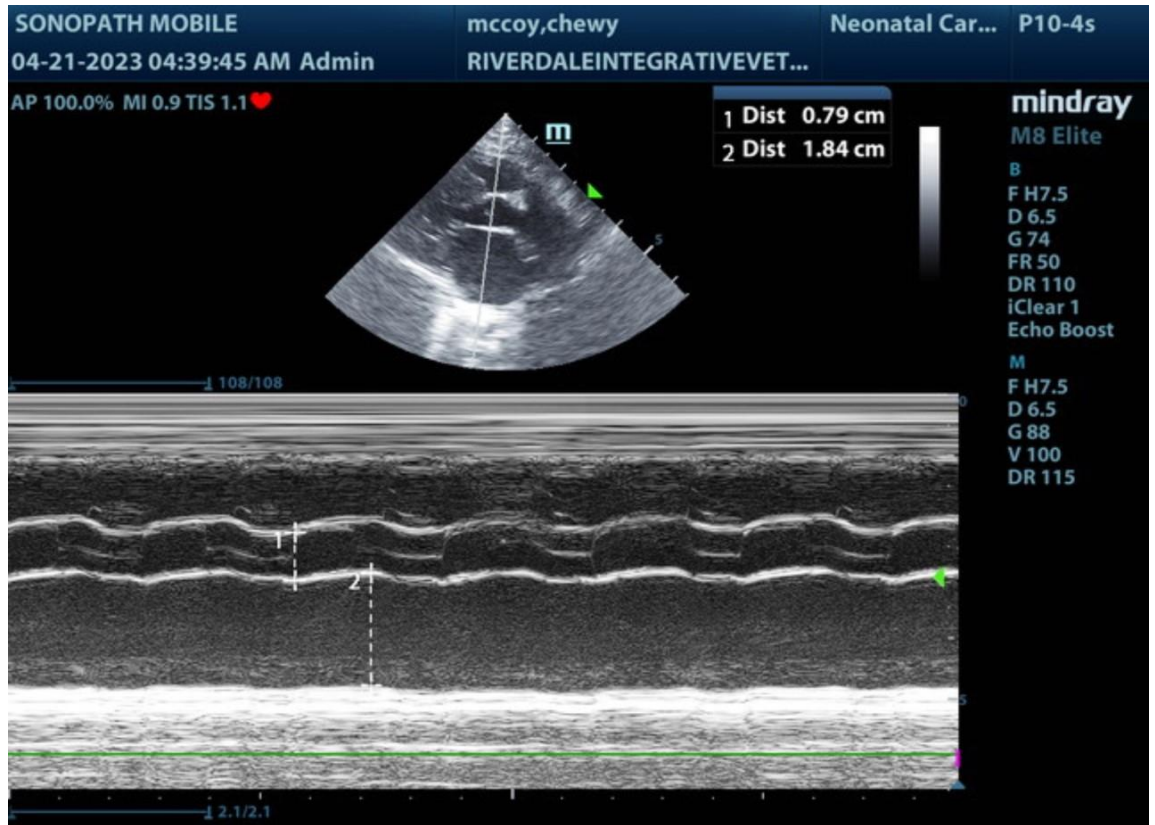
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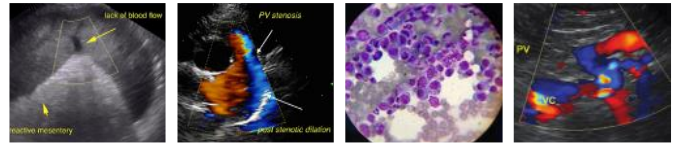
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SONOPATH MOBILE mccoey,chewy Neonatal Car... P10-4s
04-21-2023 04:15:36 AM Admin RIVERDALEINTEGRATIVEVET...

AP 100.0% MI 0.7 TIS 1.1 mindray M8 Elite

B F H7.5 D 7.0 G 55 FR 70 DR 110 iClear 1 Echo Boost



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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.

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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.

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mac.daniel@sonopath.com

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