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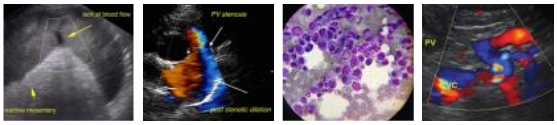

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Sam Kruger

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

17.44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Flanagan

INVOICE

13640ag

DATE

04/28/2023

PRESENTING CLINICAL SIGNS

wheezing, increased respiratory effort and frequency Blood pressure 230 urrent Medications amlodipine, furosemide and received a convenia injection Radiographic Findings increased pulmonary densities surrounding heart, very difficult to examine cardiac silhouette Primary Question/Differential to Be Answered in This Exam r/o cardiac vs respiratory disease

Abnormal PE/Chem/CBC/UA Results: probnp 476,

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	0.5	2.0	0.53	59	90
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	1.6	1.6	2.0		1.1	0.9	

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

Mild remodeled left ventricular wall with normal interventricular septal and free wall thickness. Minor hyperechoic endocardium which may suggest some degree of myocardial fibrosis. Normal LV systolic function. The LV /RV are borderline dilated. Mild left atrium dilation with slight bulbous appearance was noted. Anechoic LA content with no evidence of spontaneous contrast or smoke. The right atrium exhibited minor to mild concurrent dilation. The mitral valve was normal with possible trace MR. Mild TR was present on Doppler. Blood flow through the LVOT/RVOT was normal in measured velocity.

Scant pericardial effusion was present with concurrent subjective mild pleural effusion. No obvious or pericardial tumors present. Possible unclassified arrhythmia present.

ULTRASONOGRAPHIC FINDINGS

- LA/RA enlargement.
- Non-thickened LV with normal LV systolic function.
- Mild TR.
- Scant pericardial and subjective mild volume pleural effusion.
- Possible unclassified arrhythmia.

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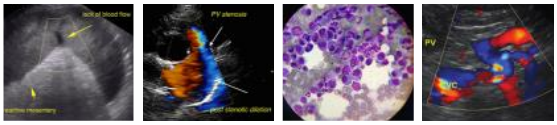

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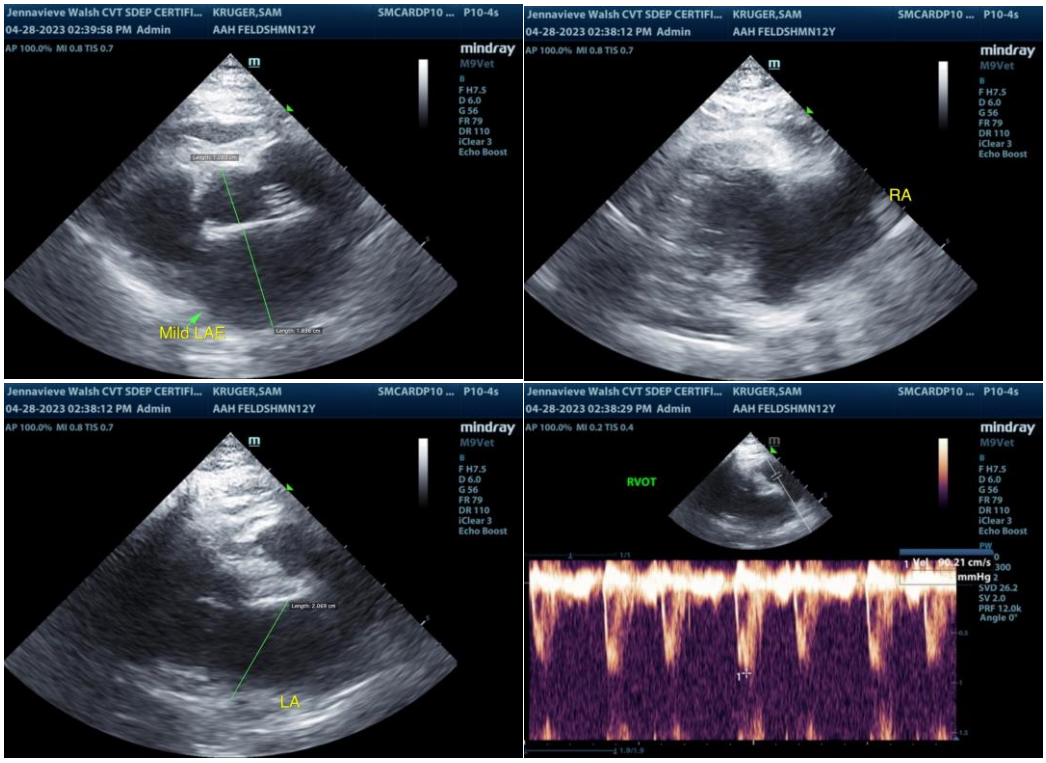
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the cardiac presentation was not definitively consistent with cardiogenic scant pericardial and pleural effusion. A cardiogenic component to the effusion with potential for multifactorial effusion and respiratory abnormalities is possible. Continued diuretic trial at lowest effective dose is warranted. Ideally pleural effusion analysis cytology +/- C/S for further clarification is suggested. No overt indication for additional cardiac medications.

As needed concurrent respiratory support and monitoring of renal parameters is recommended. Assessment of systemic BP for evidence of persistent hypertension is recommended. ECG is suggested for further definition of possible arrhythmogenic disease as a potential contributing factor.

Serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 3-4 months, sooner if clinically indicated.



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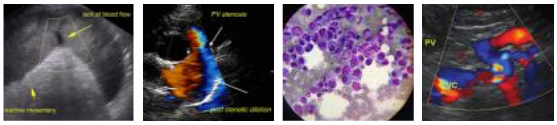

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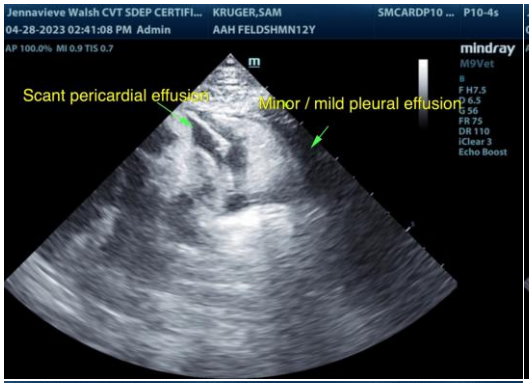

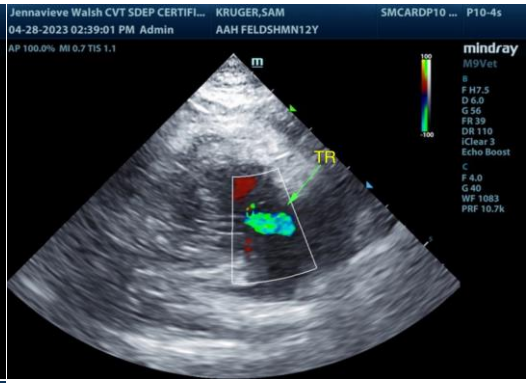

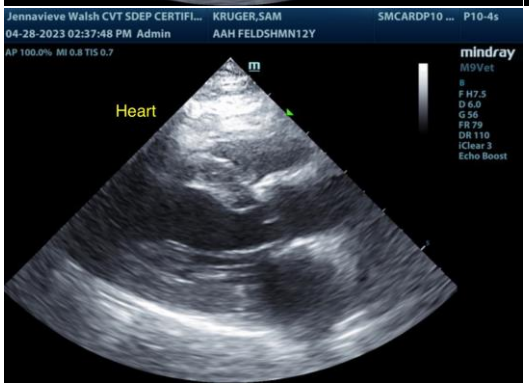

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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