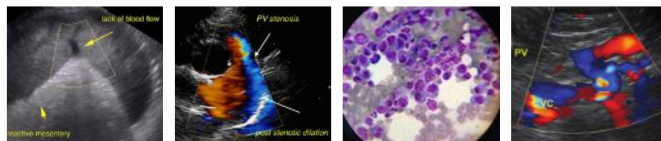
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lana Elliot

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2015

WEIGHT

4.67 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16497

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Presented for acute respiratory distress with R front leg cold/unable to use Unable to get blood pressures - wouldn't read

Abnormal PE/Chem/CBC/UA Results: ECG report confirms sinus bradycardia (see attached) Radiographs attached - hyperinflated lungs with pulmonary edema Lab results (see attached) elevated BP, elevated WBC, elevated ALT

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		NM	0.42	1.4	0.39	43	77
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		2.66	1.9		1.4	0.51	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 is remodeled with regions of asymmetry. Normal to borderline decreased septal and free wall thickness is noted. Mild, variably echogenic endocardium, suggestive of fibrosis, is present. The LV systolic function is adequate. The LV exhibits overtly normal volume. The RV exhibits normal volume. The left atrium is significantly dilated and bulbous in appearance. Suspicion for indistinct LA spontaneous contrast or smoke. The right atrium exhibits overtly normal size without evidence of dilation. The mitral valve is thickened with possible decreased kinesis and centralized MR. No overt TR is present. Normal measured LVOT velocity with subjective decreased measured RVOT velocity is noted. Minor pulmonic insufficiency is present on Doppler. Possible tract aortic insufficiency, although not definitive, is noted. No overt pericardial or pleural effusion is seen. Pericardial pulmonary peripheral comet tail artifact is noted. No obvious cardiac tumors are noted. Bradycardia is present.

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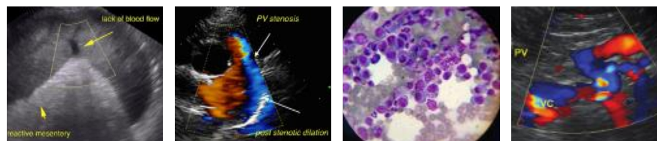

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ULTRASONOGRAPHIC FINDINGS

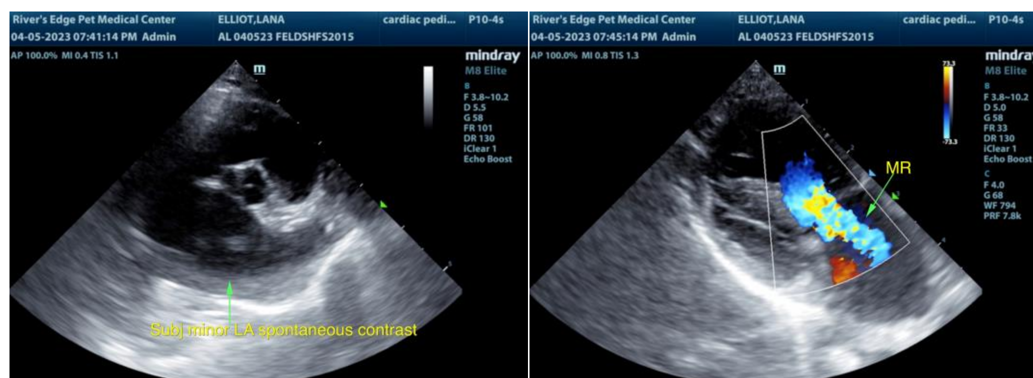
- Moderate to significant LA enlargement with suspect indistinct spontaneous contrast
- Remodeled asymmetrical LV
- MR with minor pulmonic insufficiency
- Pericardial pulmonary comet tail artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of left atrial enlargement with suspect indistinct left atrial spontaneous contrast and bradycardia suggests cardiogenic respiratory distress, although concurrent primary lower airway disease, if a clinical history of lower airway disease, cannot be definitively excluded. High concern for previous thromboembolic event, given the patient's clinical signs and suspect current LA spontaneous contrast, although a formed LA thrombus was not present in this study.

Cats who develop thromboembolic disease unfortunately carry a poor to grave prognosis with potential recurrent thrombus formation and/or CHF.

Hospitalization with injectable Lasix and as-needed oxygen therapy until the patient is stabilized is warranted. If stabilization is achieved, Lasix 1.0-2.0 mg/kg PO BID, Clopidogrel 75 mg tab (1/4 tab) PO SID, and Pimobendan 0.3 mg/kg PO BID are recommended. Monitoring of renal parameters, BP if possible, as well as ECG, given the bradycardia, +/- recommended ECG diagnostics, and assessment of clinical response is suggested. Recheck echocardiogram is recommended in 4-6 weeks, sooner if clinically indicated.



![SonoPath Clinical Sonography & Telecytology]

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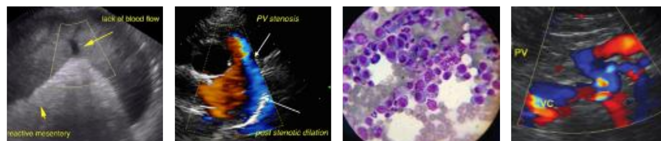

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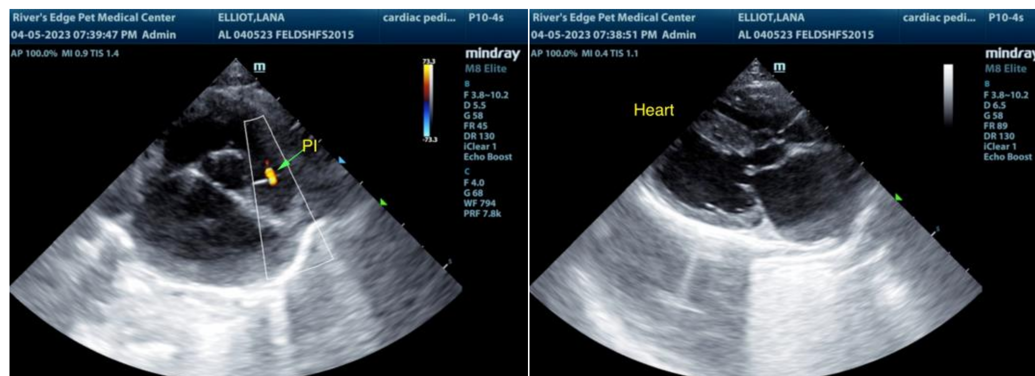

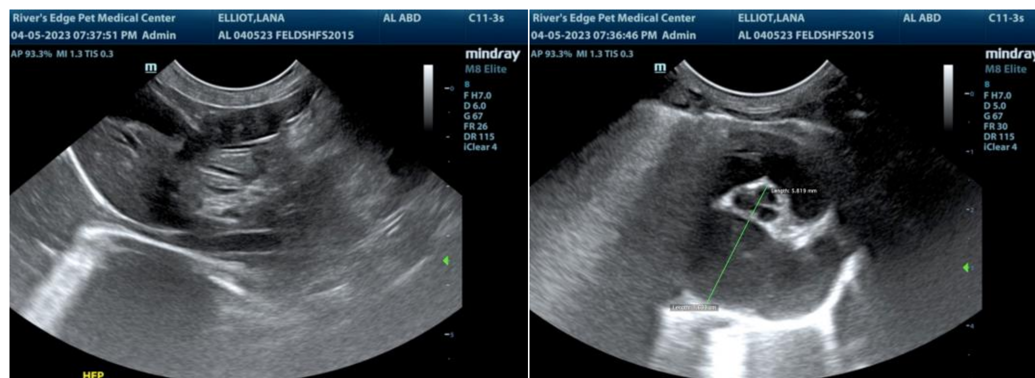

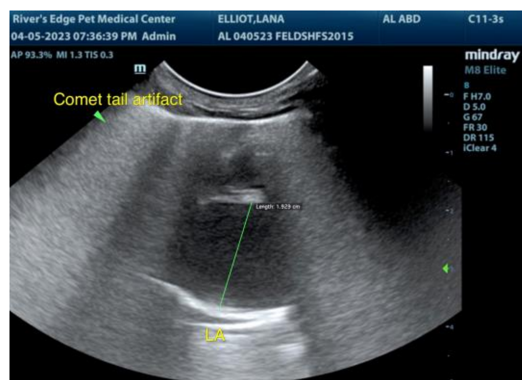

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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