



PATIENT

Whitey Beaupre

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

9yr

WEIGHT

19.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP
(Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

13669ag

DATE

05/01/2023

PRESENTING CLINICAL SIGNS

Presented on 4/7/2023 for open mouth breathing, with decreased appetite x 3 days. Dx with CHF and started on Lasix 10mg TID.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9 RADS (lateral thorax, attached, 4/7 and 4/24): rounded cardiac silhouette, bronchial-interstitial pattern in lungs with focal mineralizations in caudal mid lung lobe. CBC/Chem: BG 181, Lipase 3,556.

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	0.64	1.54	0.66	62	93
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		1.3	1.2	1.9	1.2		
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 LV wall was borderline to mildly thickened with normal LV dimension. Subjective mild hyperechoic endocardium with concurrent mildly prominent to remodeled papillary muscles were present. Mild LV myocardial remodeling was present. The LA/RA were normal in size with no evidence of spontaneous contrast. The RV appears normal. The mitral valve was overtly normal in structure and mobility. Potential eccentric MR was noted. Mildly dynamic to turbulent blood flow through the LVOT was present with normal measured LVOT velocity. The RVOT was normal in measured velocity. No overt TR was present.

No evidence of pericardial or pleural effusion was present. No cardiac tumors. No arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Borderline/mildly thickened, remodeled LV.
- Normal LA.
- Normal RA/RV.
- Suspect mild eccentric MR.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy is considered a rule out differential in this case once the patient is confirmed euthyroid and normotensive. Some degree of LV pseudohypertrophy owing to current diuretic protocol is possible. The lack of left/right heart chamber enlargement indicate that congestive heart failure is not present and suggests that the respiratory abnormalities in this patient are non-cardiogenic in origin.



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Consideration for primary lower airway disease is indicated. No indication for cardiac medications. As needed respiratory support, trial antibiotic therapy if clinically indicated and/or lower airway sampling such as BAL/TTW could be considered. Sonographic monitoring of the heart is advised given potential for compensated HCM criteria.

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Pending additional diagnostics, recheck echocardiogram suggested in 4-6 months, sooner if clinical signs consistent with cardiac disease arise.

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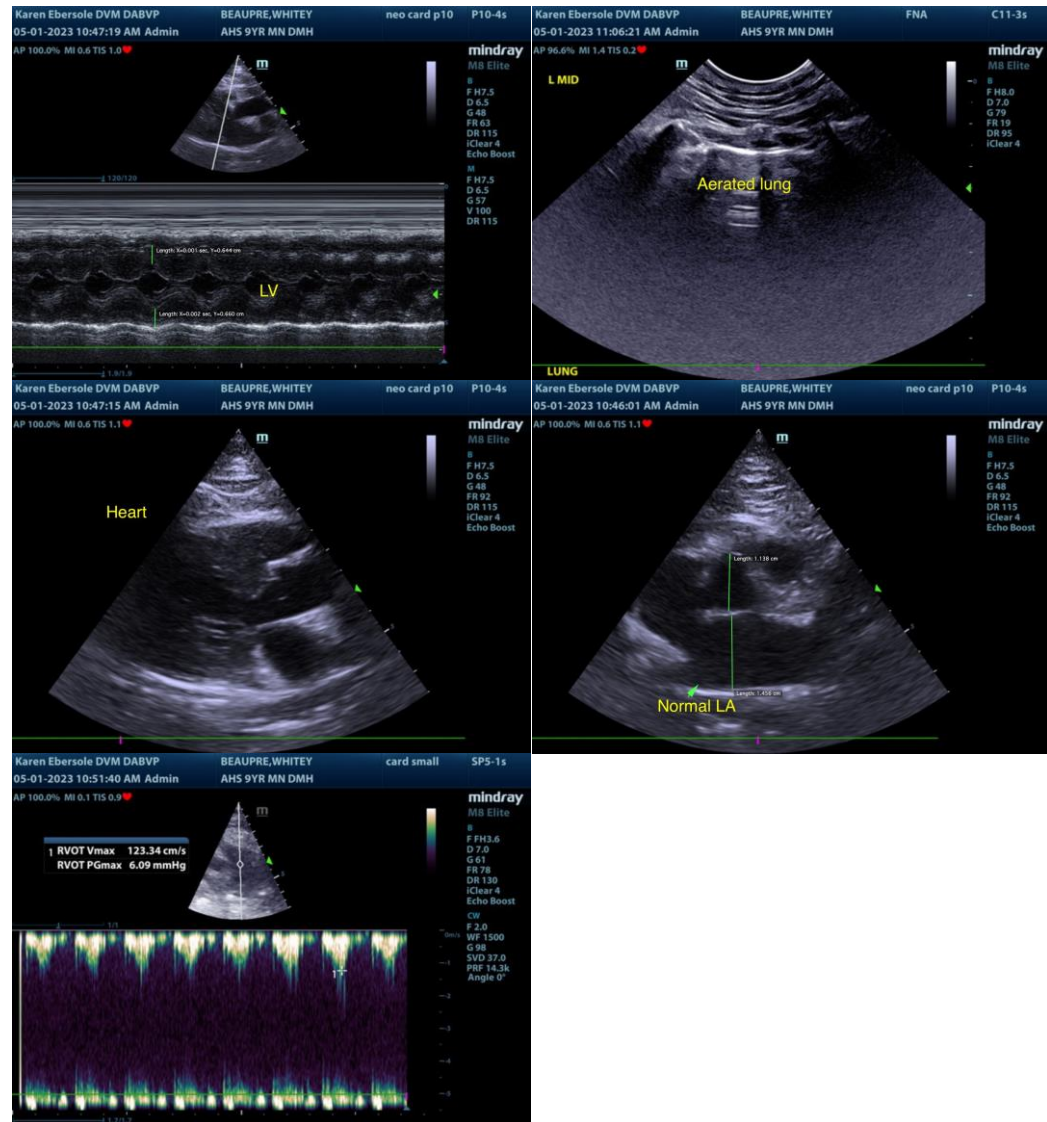
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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