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Clinical Sonography & Telecytology
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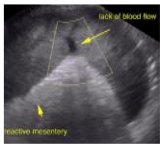
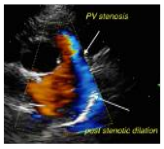
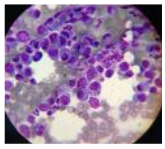
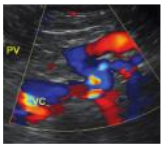

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Caelee Holland

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

13831

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History of lethargy and anorexia. AUS performed first- no abnormal findings other than ascites- most fluid seen around the liver. Echo pursued next. No overt murmur auscultated. No arrthymia auscultated

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	0.49	1.4	0.48	28.6	59

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		2.6	1.7	NM	NM	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 yet within normal limits for thickness with regions of asymmetry. Diffuse, mildly hyperechoic endocardium consistent with fibrosis was present. Mildly prominent to remodeled papillary muscles were noted. LV systolic dysfunction is decreased. The LV and RV are both borderline to mildly dilated. The left atrium is significantly dilated and mildly bulbous in appearance. Subjective anechoic content Is present in the left atrium without overt evidence of spontaneous contrast or smoke. The right atrium is moderately dilated. The mitral valve appears to be overtly normal with minor MR present on doppler. Trace to mild potential TR is possible. Mild volume pleural effusion is seen without overt evidence of concurrent pericardial effusion. No obvious cardiac tumors were evident.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with significant LA/RA enlargement
- LV myocardial remodeling with decreased systolic function
- Mild volume pleural free fluid

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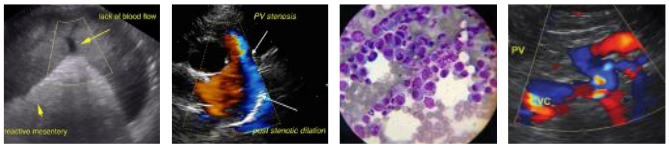

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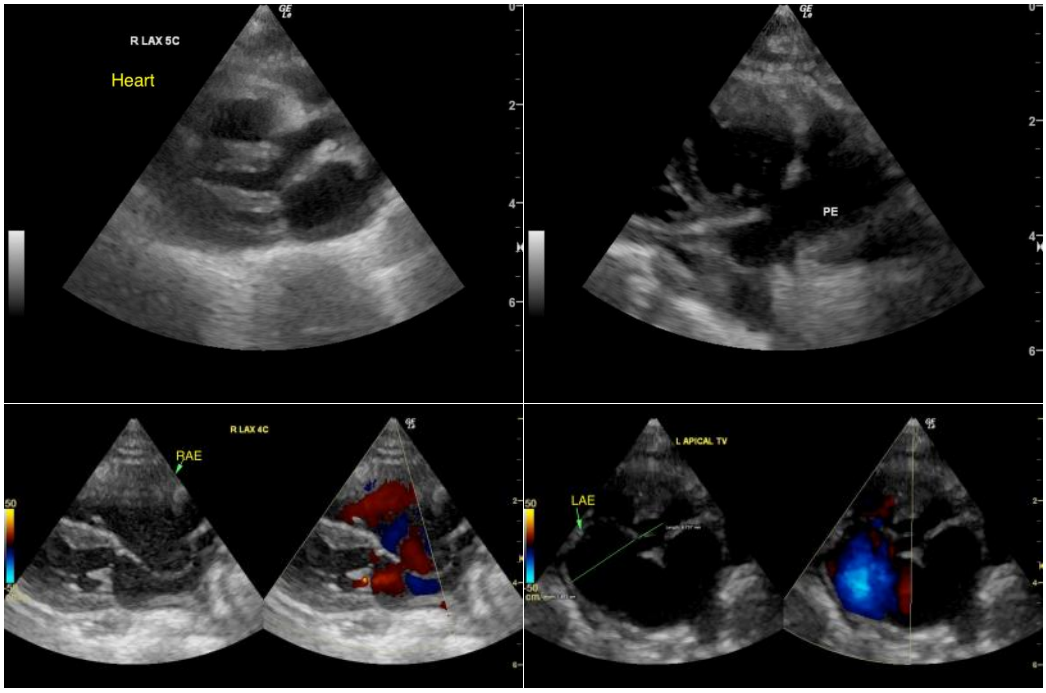
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of biatrial enlargement in the face of normal LV thickness is most consistent with advanced unclassified cardiomyopathy. However, burnout or end-stage HCM can also have this appearance. LV remodeling and fibrosis, which indicates diastolic dysfunction in addition to systolic dysfunction, were present.

Regardless of categorical classification, the degree of atrial dilation is consistent with congestive heart failure as a cause of the pleural and likely peritoneal effusion. Long-term prognosis is likely poor. However, medical therapy is recommended with an assessment of clinical response. If indicated, hospitalization with injectable Lasix until the patient is stabilized, Is warranted. Lasix 1.0-2.0 mg/kg PO BID, Clopidogrel 75 mg tab (1/4 tab) PO BID, as well as off label Pimobendan 1.25 mg PO BID, suggested. Monitoring of renal parameters, BP, and ideally ECG is recommended. This patient will remain at significantly elevated risk for continued episodes of CHF, development of blood clots, malignant arrhythmia, and / or sudden death. Recheck echocardiogram is suggested as-needed or at 6 months, sooner if continued clinical are noted.



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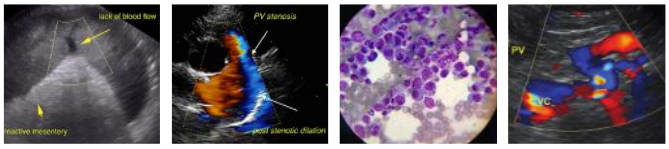

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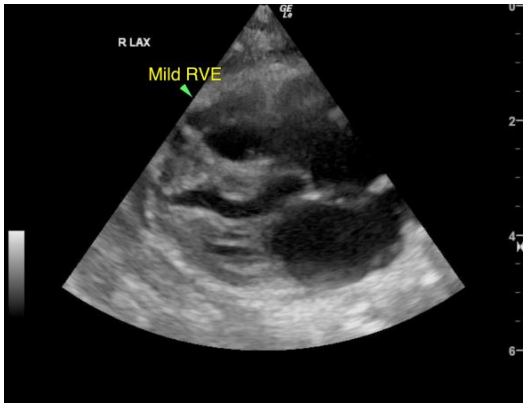

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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