



PATIENT

Gizmo Nichols

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

6.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Barron

INVOICE

16777

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Heart murmur, hypothermic, paresis LFL-R/O thromboembolic event. Current meds: Flow by O₂, Buprenex IV PRN. Abnormal PE/Chem/CBC/UA Results: WBC 28.1; NEU 26.85; TP 9.2; GLOB 6.2; GLU 176

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		104	0.54	1.7	0.60	44.3	78.8
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	1.9	2.0	2.1		0.75	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 exhibited mild remodeling with regions of mild asymmetry. Diffuse hyperechoic endocardium, suggestive of fibrosis, was noted. Mildly prominent to remodeled papillary muscles were present. LV systolic function is decreased. Normal to borderline dilated LV was present with an overtly normal appearance to the RV. The left atrium was moderately dilated to bulbous in appearance. Suspicion for indistinctly visualized disorganized spontaneous contrast / smoke. The right atrium exhibited concurrent mild to moderate dilation. No evidence of RA spontaneous contrast / smoke was noted. The mitral valve was subtly thickened in appearance with normal extension in systole and union in diastole. No overt MR was noted on Doppler. The tricuspid valve was normal with tract TR on Doppler. Blood flow through the RVOT is normal in measured velocity. No overt pericardial effusion was noted. Mild to moderate volume pleural effusion was present. No evidence of cardiac tumors was noted. Subjective bradycardia was noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with biatrial enlargement
- Suspicion for LA spontaneous contrast / smoke
- Decreased LV systolic function
- Pleural effusion



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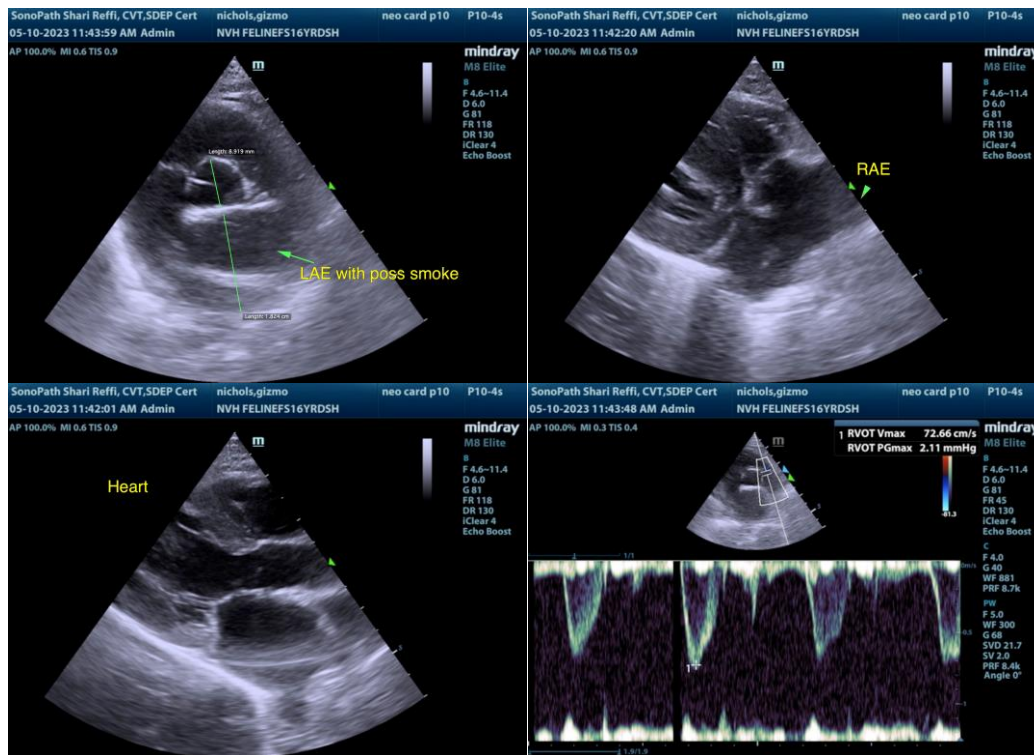
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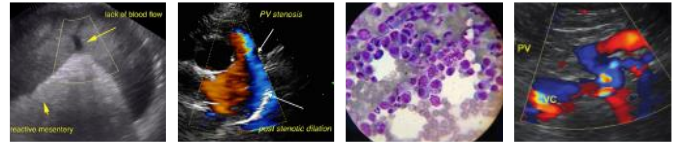
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is most suggestive of unclassified cardiomyopathy, although burnout or end-stage HCM can also have this appearance. LV remodeling and potential fibrosis were noted, which indicates systolic dysfunction. Suspicion of indistinct spontaneous contrast within the left atrium puts this patient at exceedingly high risk for aortic thromboembolism going forward and may correlate with the patient's current clinical signs. Cats who develop aortic thromboembolism carry a poor to grave long-term prognosis. Regardless of classification, the degree of atrial dilation and bradycardia with LV systolic dysfunction is consistent with a diagnosis of congestive heart failure.

Hospitalization with as-needed injectable diuretic therapy and oxygen is recommended. Clopidogrel 75.0 mg tab (1/4 tab) PO SID, Lasix 1.0-2.0 mg/kg PO BID, and Pimobendan 0.25-0.3 mg/kg PO BID are recommended. Monitoring of renal parameters, and systemic BP, +/- ECG if persistent bradycardia, is suggested. Recheck echocardiogram is recommended in 3-4 months, sooner if clinically indicated.





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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)
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