


PATIENT

JT Hunter Wecht

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

12.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

PRESENTING CLINICAL SIGNS

4/6 parasternal murmur noted first on 1/2021 exam. Not auscultated at previous exams. P not clinical for cardiac dz. Presented for dermatitis and excoriations on ventral abdomen. P would benefit from COHAT.

Abnormal PE/Chem/CBC/UA Results: 3/2022 - potential cystitis 9/2021 - mild lymphopenia, rest of CBC/Chem/T4 WNL and FeLV/FIV neg Heart Rate and Respiratory Rates HR 140-160, RR purr (historical, will obtain new values today)

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	0.74	1.5	0.78	54	88.8
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	2.25	1.82	2.0		1.0	1.2	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							

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Ark Animal Hospital

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Cardiac Presentation

The left ventricular wall exhibited moderate thickening with myocardial remodeling and regions of asymmetry. Diffuse, mildly hyperechoic endocardium suggestive of fibrosis was noted. The papillary muscles were prominent to remodeled in appearance. LV systolic dysfunction was adequate to mildly increased. Normal overall subjective LV and RV volume was noted. Left atrium exhibited moderate dilation with mild bulbous appearance. No evidence of spontaneous contrast or smoke in the LA. The right atrium exhibited potential for mild concurrent dilation. The mitral valve exhibited subtle subjective thickening with trace centralized MR. No obvious TR was noted. Blood flow through both the LVOT and RVOT was normal in velocity with subjective systolic laminar flow. No overt evidence of systolic anterior motion (SAM) of the mitral valve. Mild to moderate volume pericardial effusion is



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seen. Overt evidence of concurrent pleural effusion was not noted, yet cannot be definitively excluded. No obvious cardiac tumors were present.

ULTRASONOGRAPHIC FINDINGS

- IVS and LV free wall hypertrophy with myocardial remodeling and suspect fibrosis
- Prominent to remodeled papillary muscles
- Moderate LA enlargement
- Mild to moderate volume pericardial effusion

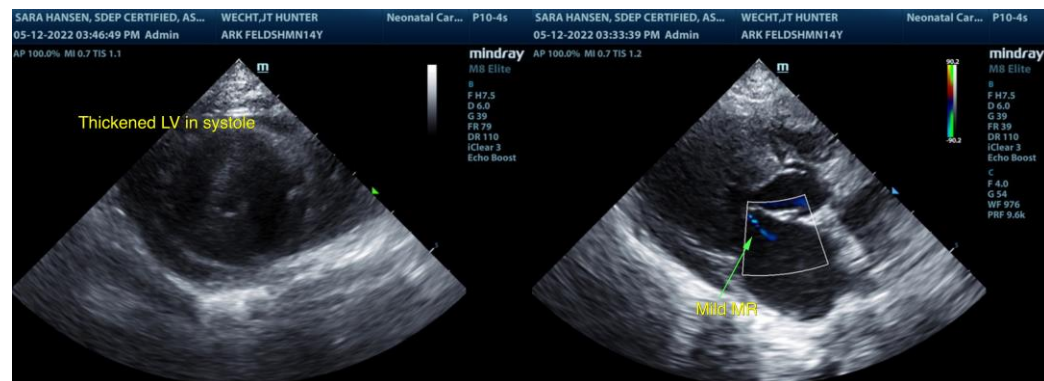
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened to remodeled LV with concurrent moderate LA enlargement is suggestive of advanced HCM without overt evidence of dynamic LVOT obstruction (SAM).

The degree of LA dilation is supportive of cardiogenic pericardial effusion, although the possibility of contributing factors secondary to inflammatory / infectious or Idiopathic pericardial effusion is considered less likely, yet cannot be definitively excluded. Given normal T4 levels, assessment of systemic BP to rule out complicating factors such as hypertension is suggested

Regardless, this patient is at elevated risk for current to continuing episodes of congestive heart failure, development of blood clots, or malignant arrhythmias with the possibility, although unclear, of potential sudden death.

Lasix 1.0-2.0 mg/kg PO BID, Clopidogrel 75 mg tab (1/4 tab) PO SID, +/- off label Pimobendan 1.25 mg PO BID is warranted. Monitoring of renal values, BP, and ideally ECG assessment is suggested. Recheck echocardiogram ideally in 4-6 weeks for reassessment of overall cardiac structure and function, as well as pericardial effusion, is suggested. Potentially, pericardiocentesis may be indicated. A very guarded long term prognosis is warranted.





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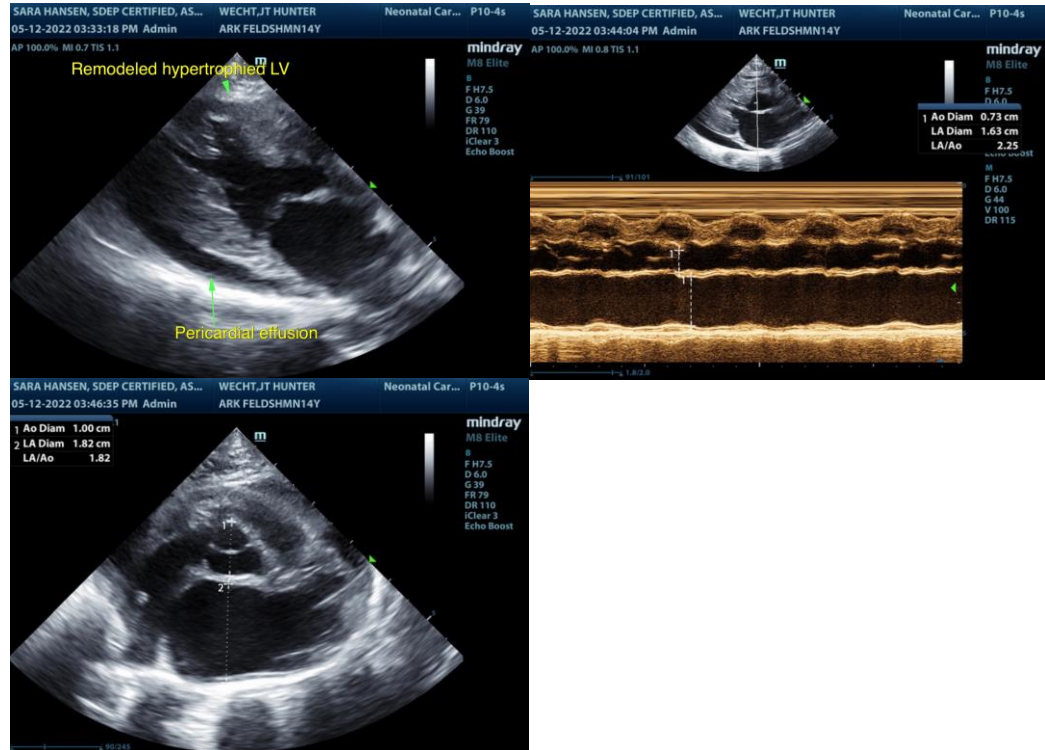
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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