



PATIENT PRESENTING CLINICAL SIGNS

Mittens Spellman History: Grade II-III/VI murmur, mild pericardial effusion, enl. spleen and LN on prev. u/s. Anemic. FNA spleen and LN

SPECIES Abnormal PE/Chem/CBC/UA Results: K+ 2.9, HCT 20.5, Tbili .5, USG 1.018, Bld +1

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED

DSH

SEX

FS

AGE

16 yr

WEIGHT

5.5 lb

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		195	0.46	1.6	0.45	62.8	93.2
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	1.41	1.51	1.5	1.2	0.83	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

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

10600ag

DATE

05/13/2022

Cardiac Presentation

The echocardiogram in this patient demonstrated enlarged left atrial size based on 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. Mild MR on Doppler was noted. The left ventricular septum and free wall revealed normal thicknesses, reduced contractility and mildly reduced left ventricular volume with subjective reduced diastolic filling. Some echogenic remodeling of the septum and free wall was present. This is most consistent with some level of myocardial fibrosis. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed increased size and normal content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. Mild TR was noted on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Mild volume pericardial and pleural effusion were present. No overt evidence of cardiac, pericardial or cranial mediastinal masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild LV remodeling
- Normal LA
- Mild MR/TR
- Mild volume pericardial/pleural effusion



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the cardiac presentation was not overtly consistent with cardiogenic mild volume pericardial or pleural effusion. The previously noted peritoneal effusion does not appear to be cardiogenic in origin. An obvious source of the murmur was not definitively evident. A flow murmur is suspected potentially secondary to anemia. An exception may include iatrogenic or stress induced changes in which can lead to spontaneous decompensation even with normal LA dimensions. However non cardiogenic tricavitary effusion i.e. inflammatory, idiopathic, neoplastic etc. is suspected. Pending splenic and lymphatic cytology and with monitoring of renal parameters a Lasix trial could be considered with continued monitoring of the pericardial and pleural effusion as well as assessment of clinical response. The mild pericardial effusion does not appear to be affecting cardiac function at this stage. No indication for cardiac medications.



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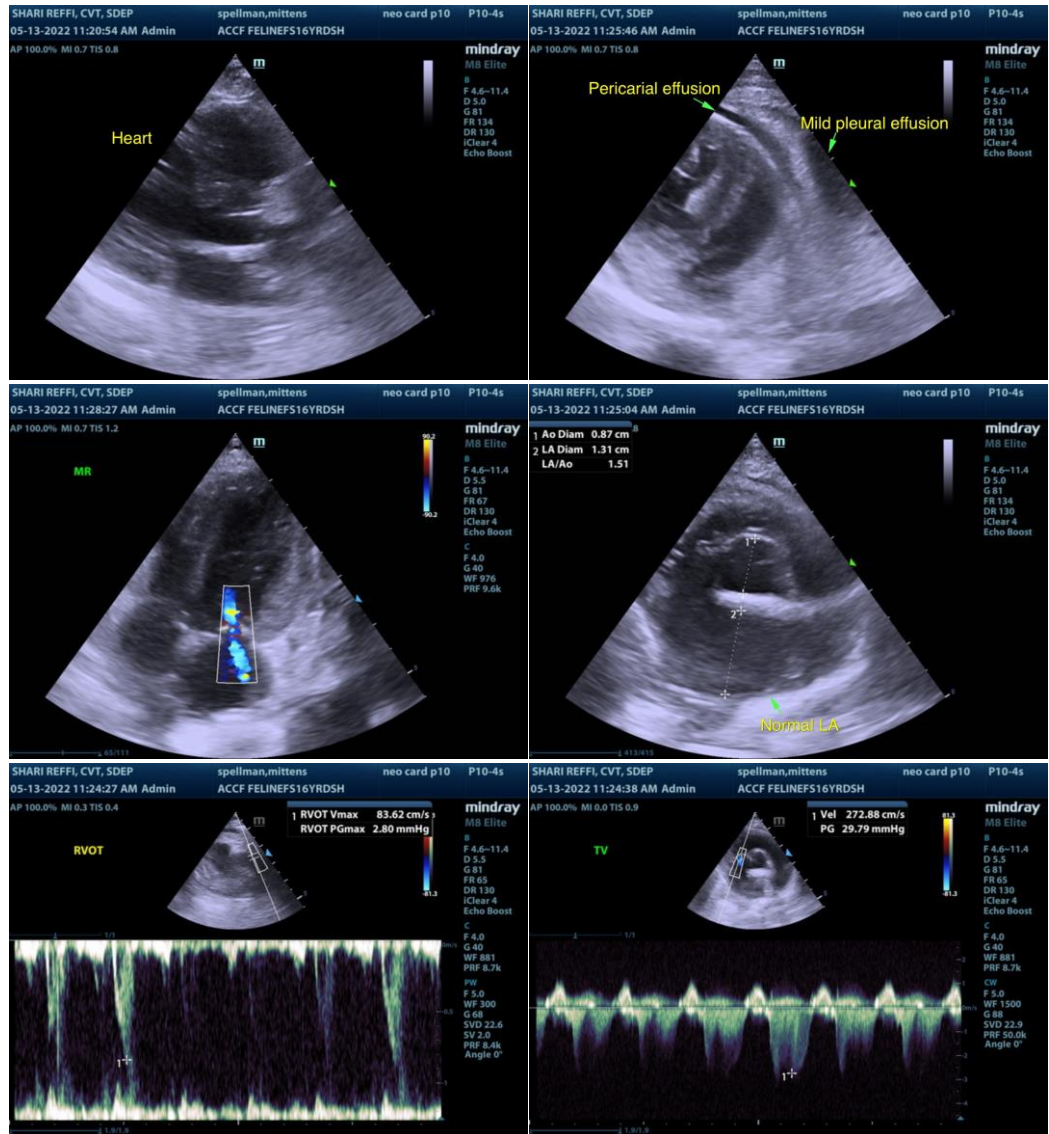
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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