



PATIENT

Gator Buonfiglio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7 Pounds

PRESENTING CLINICAL SIGNS

History: Open mouth breathing, weight loss, cardiomegaly. Rads suggest CHF. Non ambulatory hind limbs. O2 cage

Abnormal PE/Chem/CBC/UA Results: HCT 15%

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	0.5	1.84	0.43	56.5	91.1
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	--	2.3	2.0	--	--	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

Newton VH

REFERRING VET

Dr. Colyer

INVOICE

16242

DATE

6/24/22

Cardiac Presentation

The left ventricular wall exhibited normal thickness with evidence of myocardial remodeling and regions of mild asymmetry. Subtle diffuse hyperechoic endocardium, which may indicate some degree of fibrosis was present. Mildly prominent to remodeling papillary muscles noted. LV systolic function is adequate, as evidenced by the fractional shortening measurement. The LV and RV are both borderline dilated. The left atrium exhibited moderate to severe dilation with mild bulbous appearance. Evidence of minor spontaneous contrast was present in the left atrial lumen without definitive evidence of current left atrial thrombus. The right atrium also exhibited moderate dilation. Scant pericardial effusion, along with concurrent subjective mild volume pleural effusion was seen. No obvious cardiac tumors noted.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy
- Moderate to severe LA enlargement with concurrent right atrium enlargement
- Pericardial and pleural free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation, given normal LV wall thickness, was most consistent with unclassified cardiomyopathy. However, burnout or end-stage HCM can also have this appearance. Regardless of classification, the degree of atrial dilation confirms the diagnosis of congestive heart failure with



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secondary pericardial/pleural free fluid and highly suspected aortic thromboembolism event and suspected possible concurrent thrombus formation in the lungs. Cats develop a thrombus that unfortunately carry a poor to grave prognosis with those who survive the initial clotting event often succumbing within weeks to recurrent thrombus and/or recurrent CHF.

SPECIES

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Empirically, hospitalization with injectable Lasix until patient is stabilized, along with antithromboembolic therapy would be appropriate. If patient can be stabilized, Lasix at 1-2 mg/kg PO BID, Clopidogrel at 75 mg tablet (1/4 tab) PO SID and off-label Pimobendan would be reasonable. Monitoring of renal parameters, blood pressure and ECG are advised, if clinically indicated. However, an unfavorable prognosis is indicated.

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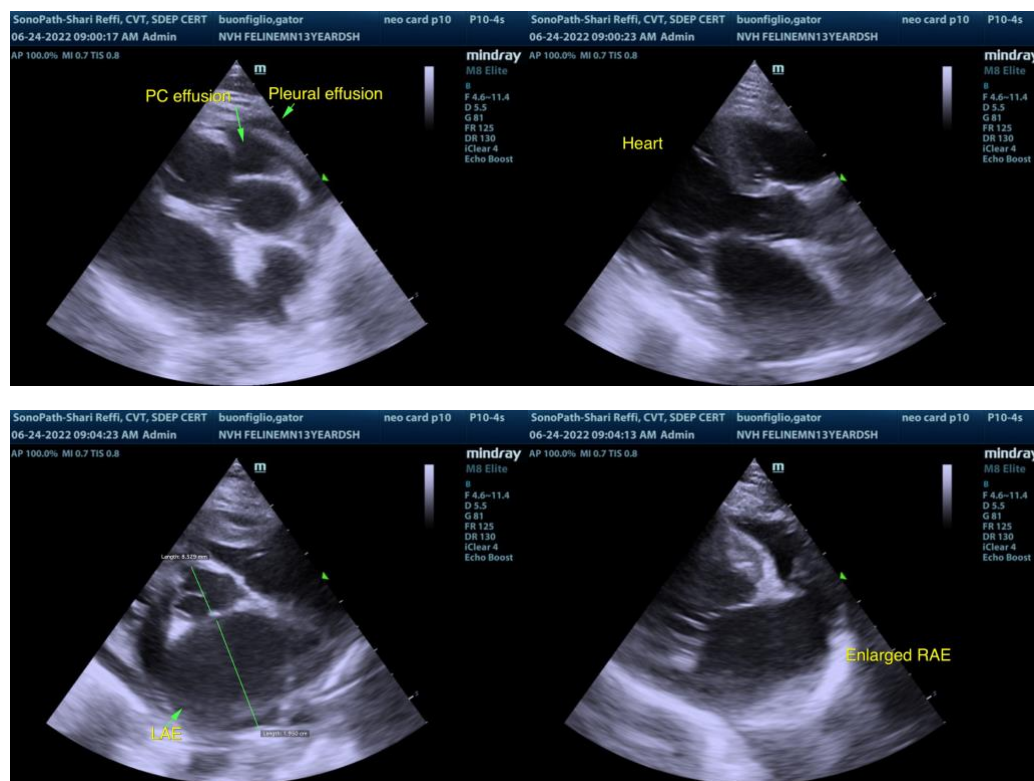
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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