


PATIENT

Simba Lint

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

8.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

 Buffalo Veterinary
 Clinic

REFERRING VET

 Garry Gotfredson
 DVM

INVOICE

14249ag

DATE

06/28/2023

PRESENTING CLINICAL SIGNS

Cat presented Monday just not doing right, in pain and heavy breathing. JA: 6/26/2023 at 6:00p: History of hunching in litterbox and not wanting to jump over the gate. History of pancreatitis 4 years ago. Eating, drinking, urinating and defecating normally with no vomiting or diarrhea. Patient limping on hind end and when vaccinated last week, vet noted back leg was tender. Patient losing weight. Patient got outside for 3-4 days. Watched video of cat moving. Short striding both back legs. Abdominal radiographs: WNL-enlarged anal sacs. Bloodwork: WNL. Assessment: anal sac impaction Tx: express anal sacs. Sent home with gabapentin Cat came back today with no improvement . Rads show pericardial effusion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND 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			0.53	1.5	0.53	45	80
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	2.2		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 was mildly remodeled with regions of asymmetry and diffuse mild non-uniform hyperechoic endocardium suggestive of fibrosis. LV systolic function was adequate with normal LV volume. Mildly dilated RV. The LA was moderate to significantly dilated and bulbous in appearance. Anechoic LA content without evidence of thrombus. The RA was moderately dilated. Overtly normal mitral and tricuspid valve. Overtly normal aortic and pulmonary valves. No overt pericardial effusion. Mild to moderate volume pleural effusion was present. No cardiac tumors. Intermittent to consistent tachyarrhythmia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.



PATIENT	The area of the aortic trifurcation was free of pathology.
Simba Lint	Adrenal Glands
	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
SPECIES	
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	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.77 cm in width at the level of the hilus.
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SEX	Liver/Gallbladder
MN	The liver was subjectively mildly enlarged with symmetrical mildly rounded contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Possible mildly prominent hepatic veins.
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WEIGHT	Gastrointestinal
8.0	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild gas distention and no signs of ileus, obstruction or foreign material.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
	Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	Pancreas
Nicole Gotfredson	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
HOSPITAL NAME	Free Abdomen
Buffalo Veterinary Clinic	No omental masses or overt lymphadenopathy was present.
REFERRING VET	Scant peritoneal effusion primarily in the cranial abdomen around the liver was present.
Garry Gotfredson DVM	ULTRASONOGRAPHIC FINDINGS
INVOICE	<ul style="list-style-type: none"> • Unclassified cardiomyopathy with biatrial enlargement-no overt thrombus. • Intermittent to consistent tachyarrhythmia. • Urinary bladder sediment. • Sonographically unremarkable GI tract with subjective gastric gas distention. • Hepatomegaly-possible hepatic congestion. • Minor gallbladder wall edema. • Mild to moderate volume pleural and scant peritoneal effusion.
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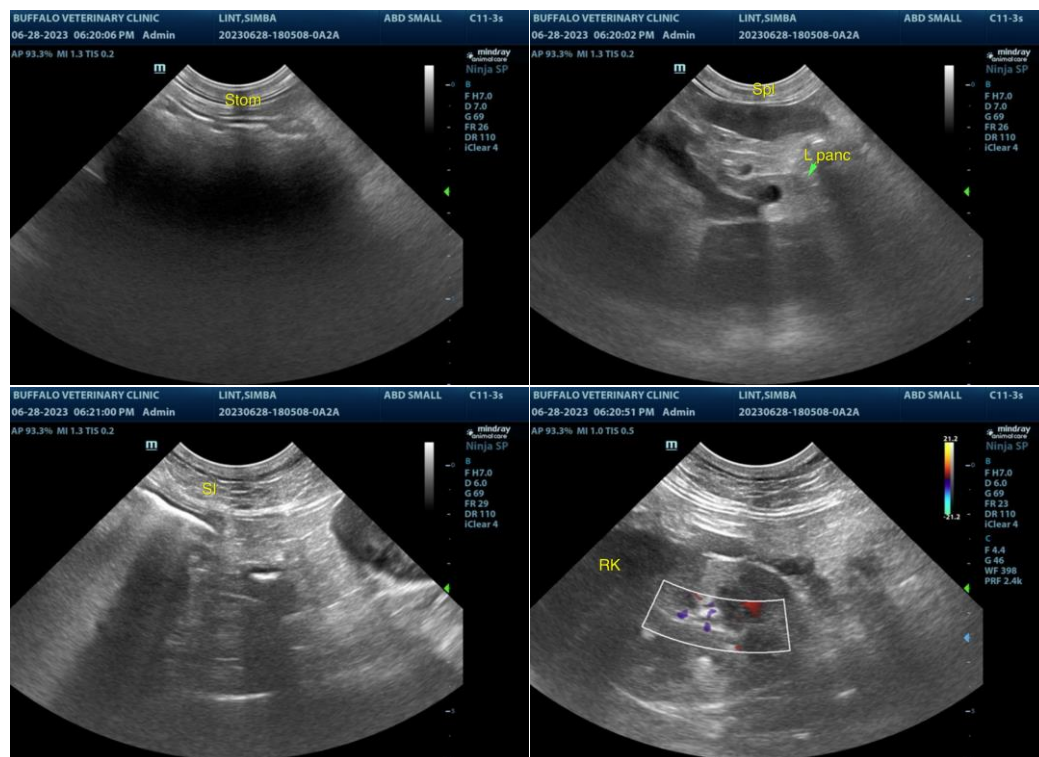
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

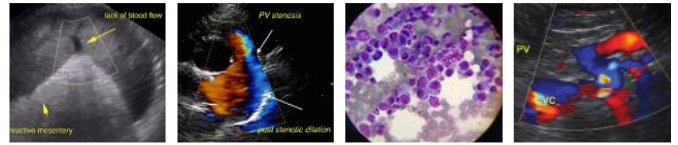
The finding of biatrial enlargement with normal LV wall thickness is consistent with unclassified cardiomyopathy although burn out of end stage HCM can also have this appearance. The degree of atrial enlargement indicates exceedingly high risk for the development of aortic thromboembolism. Potential previous aortic thrombus give patient clinical signs could be possible. The degree of atrial dilation and arrhythmic disease confirms the diagnosis of CHF.

ECG assessment is recommended for further assessment of the arrhythmia. Left atrium enlargement predisposes to left sided congestion while the arrhythmia may predispose to right sided congestion. Hospitalization with injectable Lasix is recommended if clinically indicated.

Lasix 1-2 mg/kg PO BID, off label Pimobendan 1.25 mg PO BID and Clopidogrel 75 mg tab ¼ tab PO SID is recommended. Monitoring of renal parameters and systemic BP is advised. This patient remains at increased risk for recurrent episodes of CHF, development of clots, progressive malignant arrhythmia and/or sudden death.

Recheck echocardiogram recommended in 6 months, sooner if clinically indicated.





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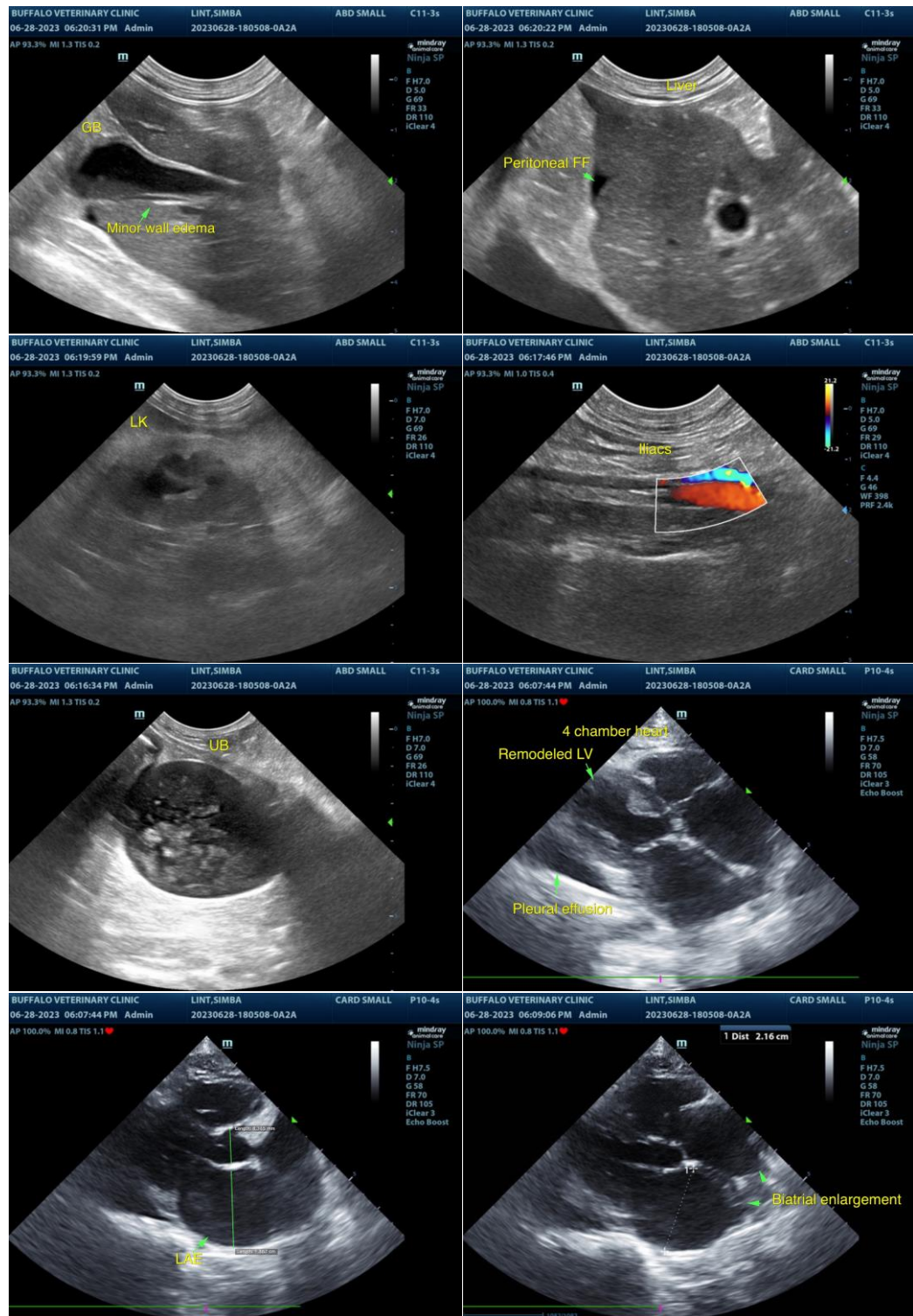
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@sonopath.com

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