



**PATIENT**

Ryli Baron

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

11.9 Pounds

**PRESENTING CLINICAL SIGNS**

History: Labored breathing 6-3-22.

Abnormal PE/Chem/CBC/UA Results: Patient was seen at Emergency Center and had a chest tap done. No meds have been started. Labored breathing improved

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	--	215	0.54	1.38	0.54	31	63
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/)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>	2.6	3.0	2.5	0.9	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							

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Michelle Sciortino

**INVOICE**

15907

**DATE**

6/7/22

**Cardiac Presentation**

The left ventricular wall exhibited normal thickness (within normal limits) yet myocardial remodeling with regions of asymmetry and suspect fibrosis were present. LV systolic dysfunction was decreased. The LV and RV exhibited overtly normal size. The left atrium was severely dilated and bulbous in appearance with evidence of spontaneous contrast/smoke. The right atrium was mildly to moderately dilated. No evidence of right atrial spontaneous contrast or smoke. The mitral valve appeared to be normal with trace central MR. Concurrent mild TR noted. Blood flow through the LVOT and RVOT exhibited subjective systolic laminar flow and overtly normal velocity. Scant pericardial effusion noted. Anechoic pleural effusion was present. No obvious cardiac tumors noted. Intermittent to consistent significant tachyarrhythmia was present.

**ULTRASONOGRAPHIC FINDINGS**

- Severe LA enlargement with spontaneous contrast /smoke
- Concurrent right atrial enlargement without evidence of spontaneous contrast
- LV myocardial remodeling with decreased systolic function
- Mild MR/TR
- Intermittent to consistent irregular tachyarrhythmia
- Moderate volume pleural and scant pericardial effusion



**PATIENT**

Ryli Baron

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

11.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Michelle Sciortino

**INVOICE**

15907

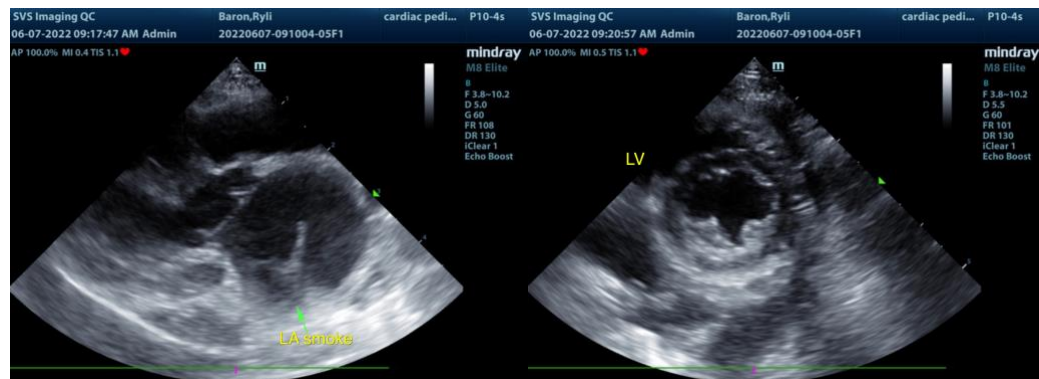
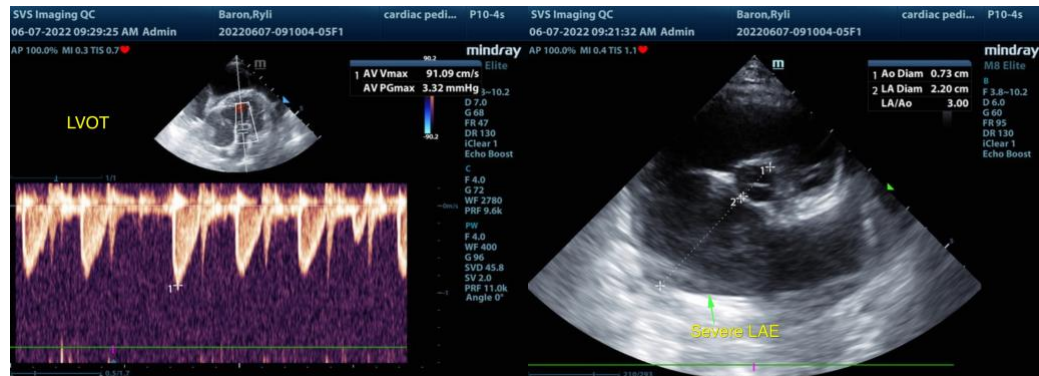
**DATE**

6/7/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of biatrial enlargement in the face of overtly normal LV wall thickness is suggestive of advanced unclassified cardiomyopathy, however, burnout or end-stage HCM can also have this appearance. Subjective LV remodeling and fibrosis, which indicates diastolic dysfunction in addition to systolic dysfunction, evidence of early thrombus formation within the left atrium, putting this patient at exceedingly high risk for aortic thromboembolism, going forward. Regardless of categorical classification, the degree of atrial dilation and concurrent arrhythmia confirms that the diagnosis of congestive heart failure and lifelong medications are recommended. The long-term prognosis is poor, as this patient will be at increased risk for episodes of CHF, development of blood clots and/or sudden death in the future.

ECK assessment is suggested for further clarification of the arrhythmia and/or assessment for potential atrial fibrillation. Hospitalization with injectable Lasix until patient is stabilized is suggested. Once patient is stabilized, Lasix at 1-2 mg/kg PO BID, clopidogrel at 75 mg, ¼ tab PO SID and off-label Pimobendan at 1.25 mg PO BID suggested. Potential concurrent therapy for the arrhythmia may be indicated, pending ECG assessment. Monitoring of renal parameters, blood pressure and ECG, if rate control is needed. Recheck echocardiogram recommended in 4-6 months or sooner if continued episodes of CHF/ATE are noted.





**PATIENT**

Ryli Baron

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

11.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

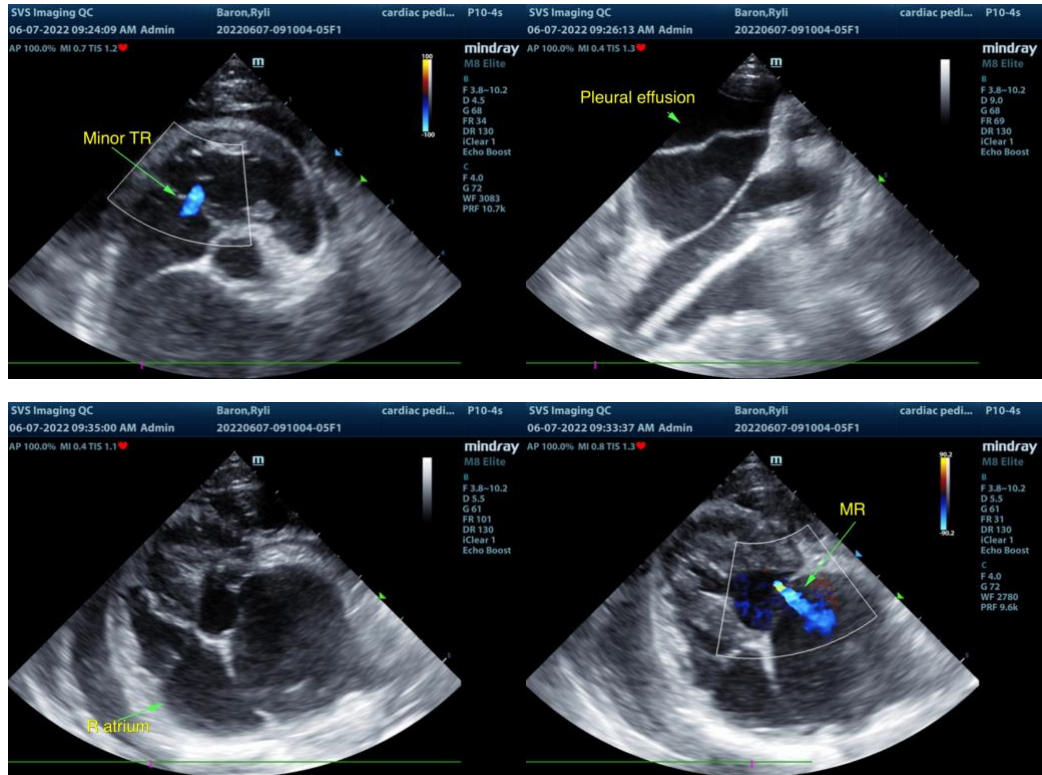
Dr. Michelle Sciortino

**INVOICE**

15907

**DATE**

6/7/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com