


PATIENT

Patrick Kavacand

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

14.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional

REFERRING VET

Hartwick

INVOICE

14374ag

DATE

07/17/2023

PRESENTING CLINICAL SIGNS

Labored breathing, pleural effusion, abnormal FCardio BNP, yellow nasal discharge bilaterally Current meds: Lasix IV, Unasyn IV, cerenia IV, O2 Cage

Abnormal PE/Chem/CBC/UA Results: CBC increased WBC, BUN 45, Cr 1.6, WBC 20.23, neutrophilia, resp PCR pending

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		112	0.58	1.3	0.62	40	75
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	2.1	2.2	1.9			0.63	
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 exhibited borderline to mild increased dimension with subjective mild diffusely increased endocardium echogenicity which may suggest some degree of LV fibrosis. Concurrent mildly prominent papillary muscles were visualized. The left atrium was mild to moderately dilated to bulbous in appearance. No evidence of spontaneous contrast. The right atrium was borderline prominent in size with normal right ventricle dimension. The mitral valve was overtly normal in structure and mobility with evidence of systolic anterior motion. Subjective systolic laminar flow in the LVOT on color Doppler was present. The RVOT exhibited systolic laminar flow and normal measured velocity. No overt MR/TR.

No obvious pericardial effusion with scant pockets of pleural effusion visualized. No overt cardiac tumors. Subjective bradycardia was present.

ULTRASONOGRAPHIC FINDINGS

- Borderline/mild thickened LV with mild myocardial remodeling.
- Mild to moderate LA enlargement, no evidence of spontaneous contrast.
- Subjective mildly prominent right atrium, normal RV.
- Subjective bradycardia.



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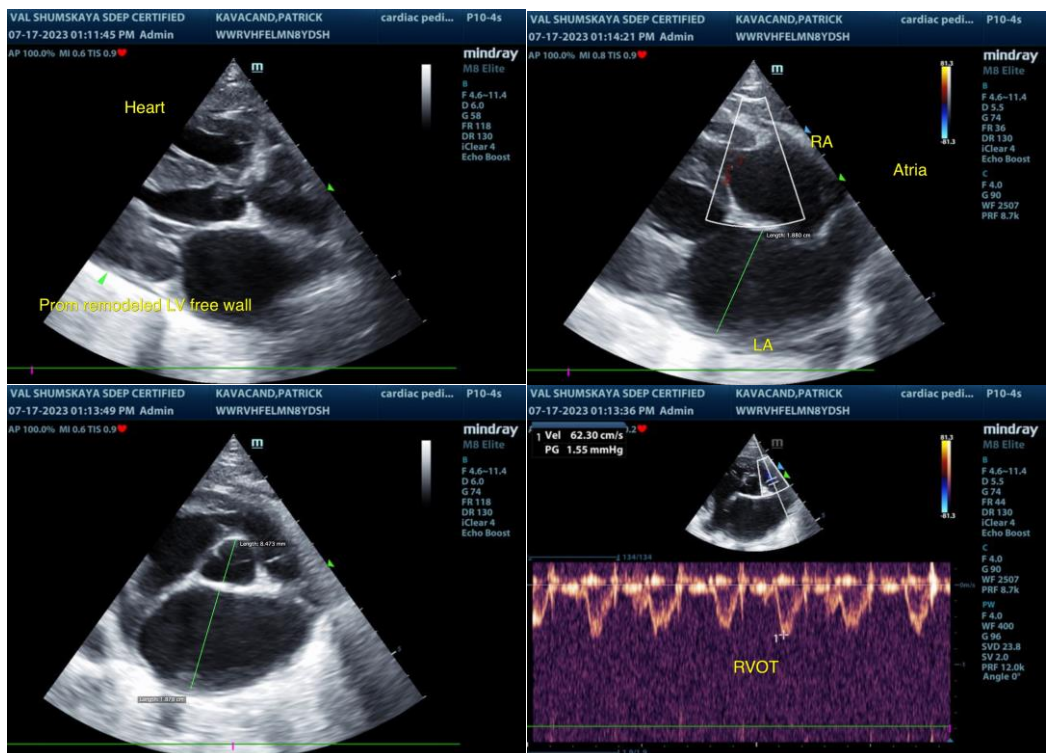
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation may indicate probable HCM criteria with emerging or possible advanced to end stage HCM. This would be a rule out diagnosis once the patient is confirmed euthyroid and normotensive. Assessment of T4 and systemic BP in conjunction with pending diagnostics or of not already done is suggested.

The mild to moderately increased LA dimension indicates the risk for CHF and/or blood clots is mild to possible moderately elevated. Subjectively the degree of LA enlargement was not overtly consistent with cardiogenic pulmonary edema and scant pleural effusion indicating possible multifactorial component to the patient's respiratory abnormalities.

Hospitalization with injectable Lasix and as needed respiratory support with assessment of clinical and radiographic response would be reasonable. If persistent/progressive respiratory signs despite diuretic therapy, a higher probability of primary lower airway disease may be suspected. Baseline ECG is strongly recommended.

The prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 4-6 week, sooner if clinically indicated.



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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info@sonopath.com

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