



PATIENT

Apache Platt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13.5 years

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

PRESENTING CLINICAL SIGNS

Presented on 7/25/22 with 1 week history of lethargy and anorexia, with acute abdominal breathing noted during visit. Radiographs revealed diffuse interstitial to alveolar infiltrative pattern in lungs. Cardiac silhouette obscured by infiltrates, so echo sought to evaluate heart in more depth. Current meds: Convenia, Deomedrol injections given on 7/25.
Abnormal PE/Chem/CBC/UA Results: Glucose 199, BUN 14, globulins 5.2.

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		142	0.41	1.2	0.41	51.7	86.4
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	1.4	1.0	1.2		1.0	0.7	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 echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. 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). Subjective mild volume pleural free fluid was noted. The pleural free fluid exhibited echogenic changes suggestive of fluid cellularity. No obvious evidence of concurrent free pericardial fluid was noted. Possible indistinct to ill-defined mildly nonhomogeneous pericardial nodules within the

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pericardial thorax were visualized with an example measuring 0.5 cm in diameter. Definitive pericardial mass was not overtly visualized. No obvious pathology in the area of the cranial mediastinum was noted, although cannot be definitively excluded.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Noncardiogenic pleural effusion exhibiting echogenic changes suggestive of fluid cellularity, possible ill-defined to indistinct pericardial thoracic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the noncardiogenic pleural effusion and potential for indistinct pericardial thoracopulmonary nodules may include neoplasia, infection / inflammatory disease, or other. FIP is technically a potential in this case yet considered unlikely given the age of the patient. Nonspecific neoplastic criteria is favored although not definitive. Further assessment may include thoracocentesis for effusion analysis, cytology, +/- C/S If evidence of inflammatory cells. Abdominal ultrasound could also be considered to assess for or rule out concurrent or primary intraabdominal pathology.

A very guarded prognosis is warranted pending effusion analysis.

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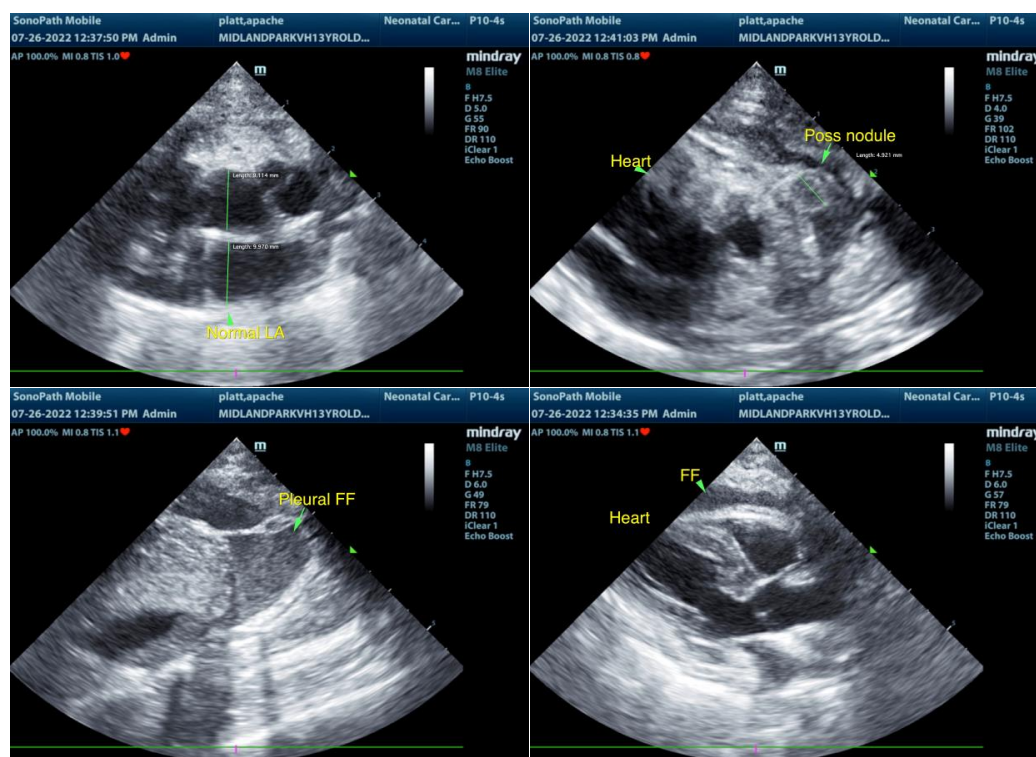
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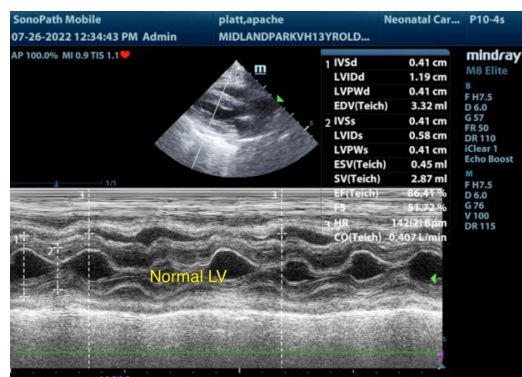
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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