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VETERINARY ULTRASOUND SERVICES
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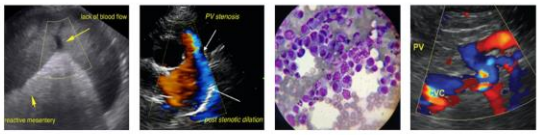

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Peanut Brotzman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2009

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Yaswinski

INVOICE

14401

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Asthma, coughing, 2/6 murmur, increased lung sounds, concern for mediastinal mass Albuterol, Teraline?, Methimazole

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		185	0.49	1.48	0.52	60	91

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	1.3	1.1	1.1	1.3	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). No visible pericardial free fluid was noted. A small pocket of probable pericardial free pleural fluid was present adjacent to the heart base measuring approximately 1.6 cm in diameter with suspected aerated lung adjacent to the free fluid. Sonographic assessment in the area of the crania mediastinum revealed no overt evidence of masses in the visible window with suspected cranial mediastinum fat. No overt evidence of thoracic or pulmonary masses in the visible window.

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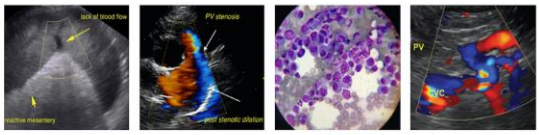

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function, normal left atrium
- Small pocket of scant pericardial pleural free fluid
- Suspect cranial mediastinal fat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, LV systolic dysfunction, or evidence of clinical pulmonary hypertension as a cardiogenic cause of the patient's respiratory signs. Consideration for primary likely chronic low-airway disease is most likely indicated.

The small pocket of pericardial free pleural fluid was nonspecific yet may be secondary to inflammation or underlying primary pulmonary disease. No obvious evidence of thoracopulmonary or cranial mediastinal masses or neoplastic criteria. No indication for cardiac medications was evident. As-needed respiratory support with radiographic monitoring of the thorax and potential recheck sonogram If evidence of progressive pleural effusion or increased cranial mediastinal opacity.

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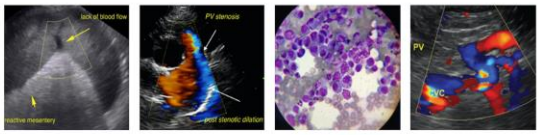

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com