


PATIENT

Phosphorus Frutiger

PRESENTING CLINICAL SIGNS

History: Open mouth breathing for about 1 week. Radiographs revealed a possible mass. Transferred to ER. Diagnosed with pleural effusion and CHF.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DSH

SEX

FS

AGE

13 yr

WEIGHT

80lb

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		209	0.8	1.4	0.85	52	86.6
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	2.2	2.56	2.2		0.9		
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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

 Badger Veterinary
 Hospital Dr. Heyne

INVOICE

11056ag

DATE

07/07/2022

Cardiac Presentation

The left ventricular wall is moderately to severely thickened in appearance. Diffuse mildly hyperechoic endocardium consistent with fibrosis was present. The papillary muscles were mildly remodeled and hypertrophied. The endocardium also appears remodeled. The left atrium is moderately to severely dilated in size. Spontaneous contrast or "smoke" was present in the LA lumen. The RA was normal in size. The right ventricle appears overtly normal. The mitral valve is mildly thickened in appearance yet normal mobility. No overt evidence of concurrent systolic anterior motion (SAM) was noted. No obvious MR/TR. Mild volume pericardial effusion was present with concurrent subjective moderate volume pleural effusion. No obvious cardiac tumors were observed. Unclassified arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Advanced to burn out HCM
- Moderate to severe LA enlargement with evidence of spontaneous contrast
- Pleural and pericardial effusion
- Arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM is a rule out diagnosis for LV hypertrophy once the patient is deemed euthyroid and normotensive. Concurrent LV remodeling and suspect fibrosis which potentially indicate diastolic/systolic dysfunction is present. There is evidence of early thrombus formation within the dilated LA putting this patient at exceedingly high risk for aortic thromboembolism going forward. The degree of atrial dilation +/- some contribution secondary to the arrhythmia confirms the diagnosis of



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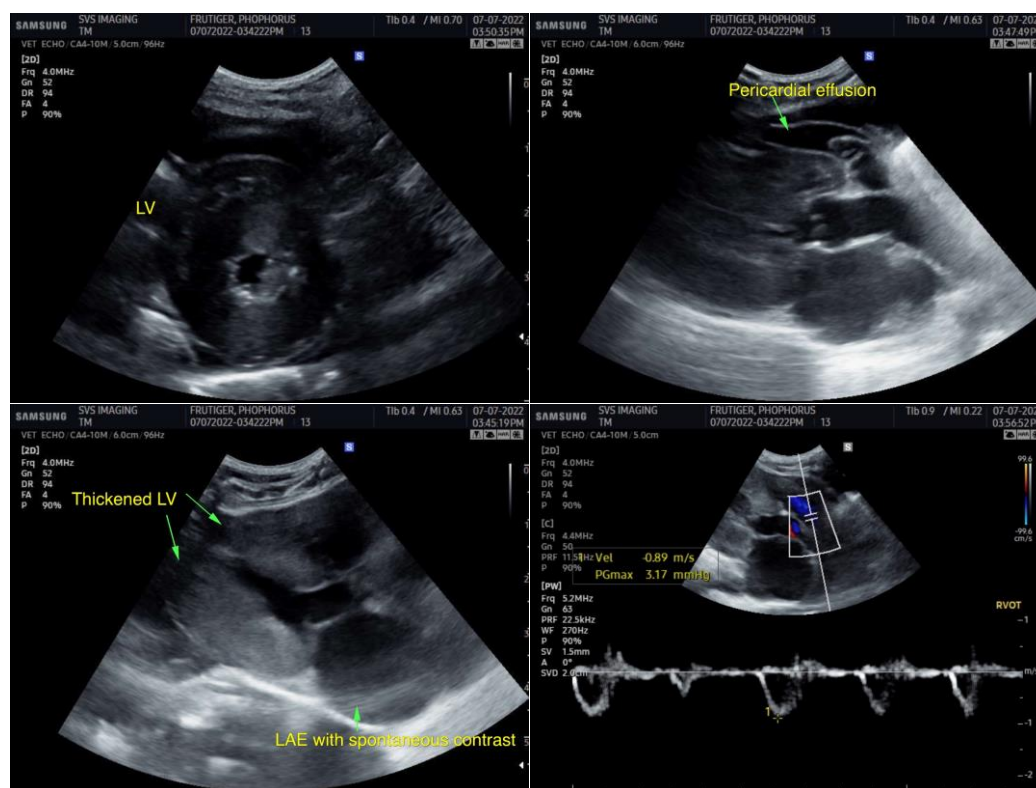
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CHF. Long term prognosis is poor however medical therapy is indicated. Consider hospitalization with injectable Lasix as well as thoracocentesis until patient is stabilized. Fluid analysis +/- cytology could be considered for further assessment if clinically indicated. Pimobendan 1.25 mg PO BID, diuretic therapy 1-2 mg/kg PO BID following potential initial injectable Lasix as well as Clopidogrel 75 mg ¼ tab PO SID is recommended. Monitoring of renal parameters, BP and ECG is warranted. Recheck echocardiogram suggested in 4-6months sooner if continued episodes of CHF.





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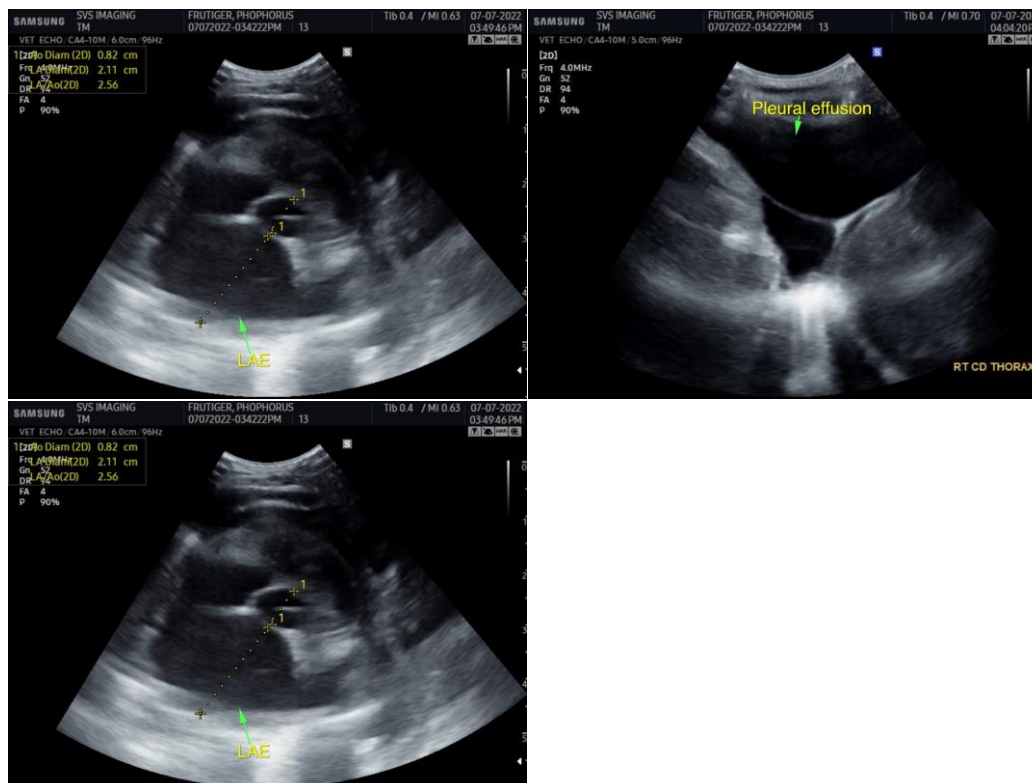
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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