



## PATIENT

Ari Rolfsmeyer

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13

## WEIGHT

11 lbs.

## PRESENTING CLINICAL SIGNS

Presented for wet cough and labored breathing. Started on lasix

## 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>		214	0.53	1.7	0.47	51.2	86.2
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>	1.55	1.44	1.6	1.0	1.0	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

Dr. Gromalak

## HOSPITAL NAME

SVS Imaging

## REFERRING VET

Dr. Khatter

## INVOICE

12106

## DATE

8/10/21

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No evidence of pericardial or cranial mediastinal masses was noted. A scant amount of suspected pleural effusion was present adjacent to the heart with the potential for focal atypical pericardial lung tissue.

## ULTRASONOGRAPHIC FINDINGS

- Overt normal cardiac structure and function for age
- Normal left atrium
- Suspect scant pleural effusion



## PATIENT

Ari Rolfsmeyer

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13

## WEIGHT

11 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gromalak

## HOSPITAL NAME

SVS Imaging

## REFERRING VET

Dr. Khatter

## INVOICE

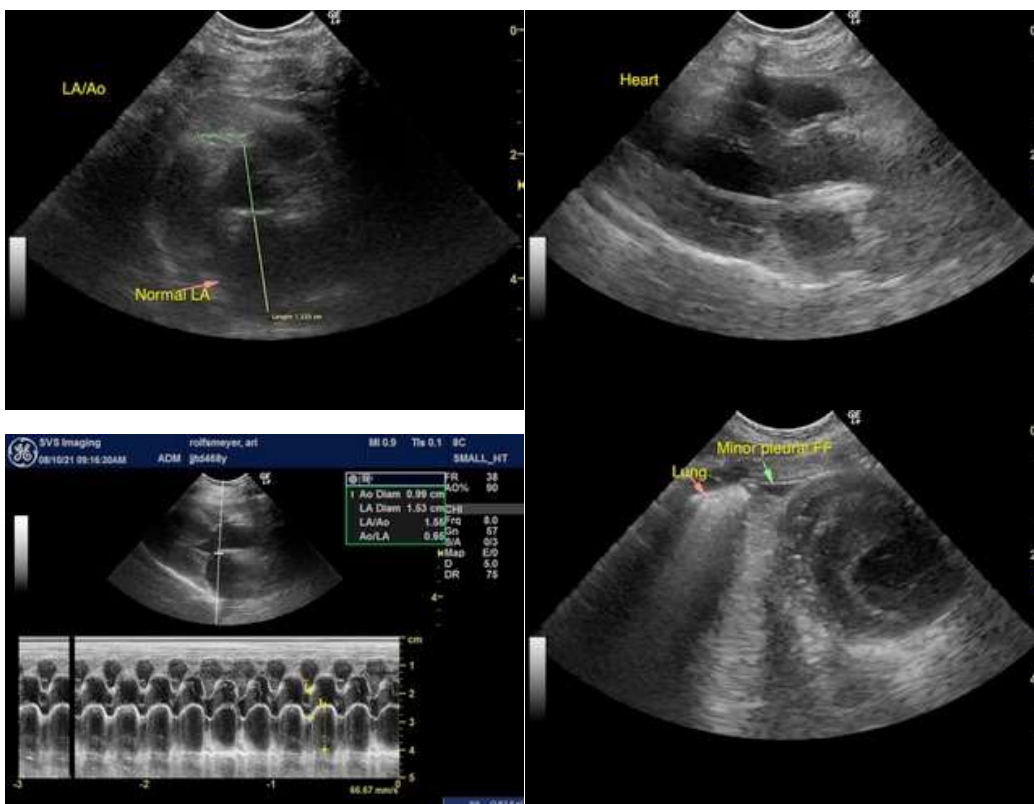
12106

## DATE

8/10/21

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, systolic dysfunction, clinical pulmonary hypertension, or other cardiomyopathies. Given the presentation of the heart, a cardiogenic cause of the coughing and labored breathing is considered less likely with primary concern for possible primary lower airway or intrathoracic disease. Assuming normal renal parameters, continued lowest effective dose of Lasix, given the suspected mild pleural effusion, would be warranted especially if a positive clinical response has been noted as well as as-needed respiratory therapy. No other indication for additional cardiac medications. If not done, three view chest radiographs are recommended for further assessment of the lungs and thoracic cavity. If confirmed or increasing evidence of pleural effusion, effusion analysis cytology +/- culture and sensitivity are likely ideal.



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