



PATIENT

Willow Georgiles

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.8 Pounds

PRESENTING CLINICAL SIGNS

History: 120 mL of bloody, chylous effusion drained from chest yesterday 8/11/22. Has previously been tapped approximately every 4-6 weeks since effusion started accumulating in May, 2022. Has been comfortable in between thoracocentesis, but this time, no improvement from yesterday's procedure.

Abnormal PE/Chem/CBC/UA Results: Stage 1 splenic hemangiosarcoma dx 9/13/21.

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	--	NM	0.41	1.56	0.38	27.6	57.5
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	--	2.5	2.2	NM	NM	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

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Eric Howlett

INVOICE

16818

DATE

8/12/22

Cardiac Presentation

The left ventricular walls exhibited minor remodeling with subtle areas of asymmetry. Mild hyperechoic endocardium, which may suggest fibrosis. Overtly normal to mildly prominent papillary muscles. LV systolic dysfunction is decreased, as evidenced by the fractional shortening measurement. The LV exhibited subjective dilation with potential concurrent borderline RV dilation. The left atrium was significantly dilated and bulbous in appearance. Potential for spontaneous contrast or emerging thrombus within the left atrium is possible, although not definitive. The right atrium exhibited concurrent moderate dilation. The mitral valve was overtly normal. No obvious MR on doppler. The tricuspid valve was overtly normal without obvious TR on doppler. Blood flow through the LVOT and RVOT is overtly normal in appearance. Minor pericardial effusion is seen with concurrent moderate volume pleural free fluid. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy
- LV systolic dysfunction
- Moderate volume pleural and minor volume pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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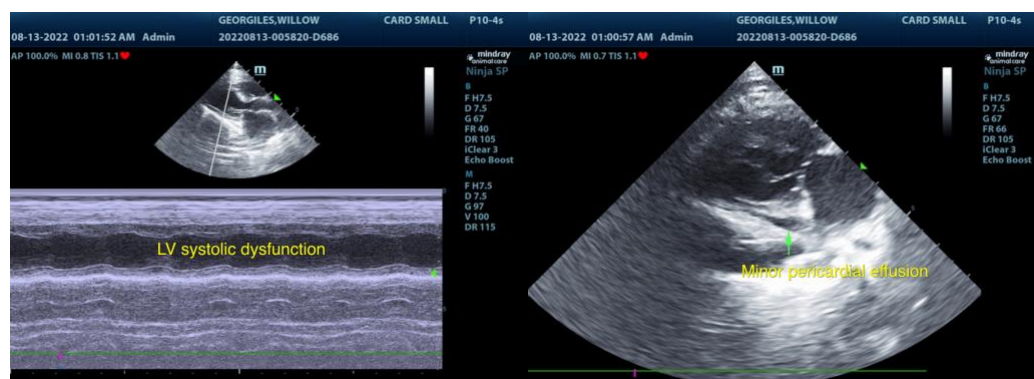
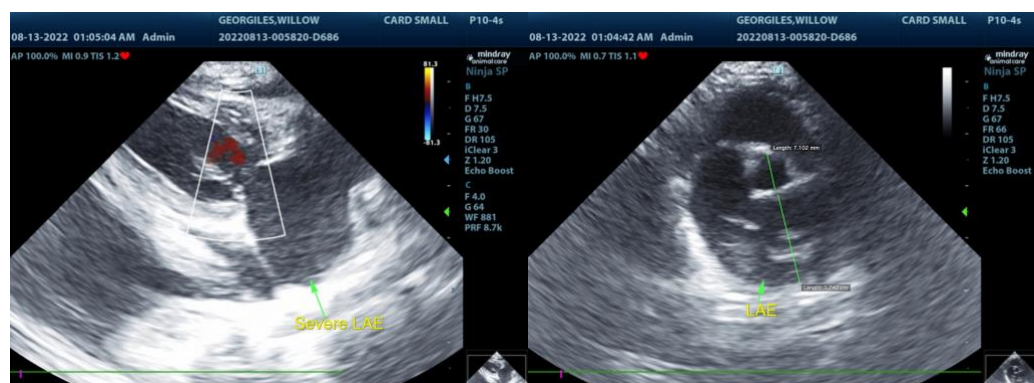
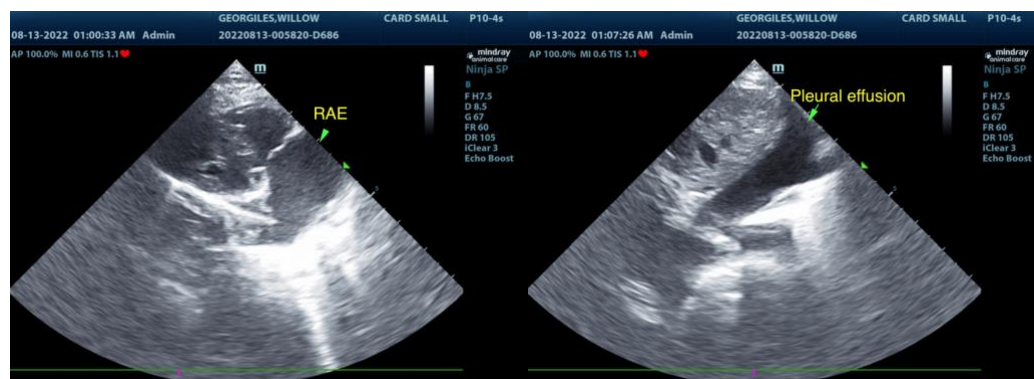
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The finding of biatrial enlargement in the face of overtly normal LV wall thickness is suggestive of unclassified cardiomyopathy, however, burn out of end stage HCM can also have this appearance. Potential evidence of spontaneous contrast or early disorganized thrombus formation within the left atrium is of concern. Regardless of categorical classification, the degree of atrial dilation and LV systolic dysfunction suggests CHF as an underlying factor for recurrent chyloous effusion. Given the patient history of neoplasia, potential multifactorial effusion, possibly owing to neoplastic etiology cannot be definitively excluded. An overall poor prognosis is likely indicated, as this patient will be at increased risk for recurrent episodes of CHF, thrombus formation or malignant arrhythmias.

Medical therapy is recommended with assessment of clinical response. Lasix at 1-2 mg/kg PO BID, Clopidogrel at 75 mg tablet ¼ tablet PO SID, along with off-label Pimobendan at 1.25 mg/kg PO BID is suggested. Monitoring of renal parameters, BP and ideally, ECG is advised. Recheck echocardiogram is suggested in 4-6 months or sooner if persistent signs of effusion or CHF.



The information and recommendations provided are based on the images presented by the



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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.

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