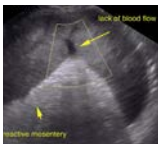
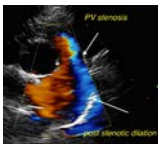
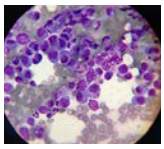
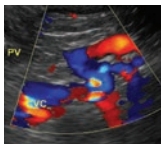
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ashley Armitage

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Rudawski

INVOICE

24665

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Not eating or drinking. Dramatic weight loss (at 5years oldweighed 14.9lbs 300mls of serosanguinous fluid drained from chest on 8/12/2021
Abnormal PE/Chem/CBC/UA Results: WCB 35,000, HGB 68, plt 135, ALP 111, Amylase 1511, BUN 40, FPL snap POSITIVE

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		220	0.46	1.42	0.33	42.3	76.7

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	1.7	1.43	1.66	1.0	0.9	NM

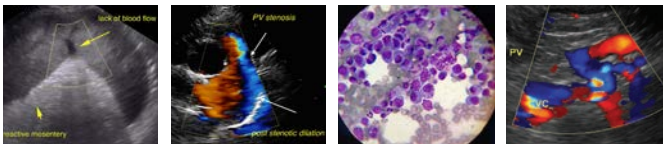
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

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). Mild to moderate pleural effusion exhibiting primarily anechoic non-cellular appearance was present. An area of cellular pleural effusion was also noted in the likely cranial thorax, which although not definitive, may suggest a separate pocket of cellular effusion within the cranial thoracic cavity. Overt evidence of masses in the pleural space, cranial mediastinum or pericardial effusion were not overtly evident. Visualized lung tissue exhibited subjective moderate to significant comet tail to reverberation artifact.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function, no overt evidence of systolic dysfunction or significant cardiomyopathy



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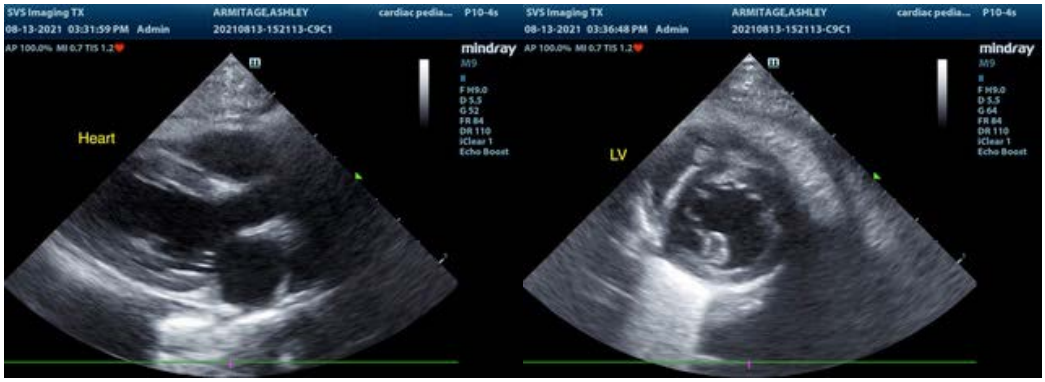
- Non-cardiogenic pleural effusion – neoplasia favored, inflammatory/infectious effusion, primary pulmonary parenchymal disease, vasculitis or other possible. FIP possible, although considered less likely given the age of the patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiographic presentation of the heart (given the lack of significant left atrial enlargement or left or right heart volume overload) was not consistent with cardiogenic pleural effusion. No overt indication for cardiac medications. Given the patient's significant weight loss, neoplastic pleural effusion is favored, although additional etiologies cannot be definitively excluded. Pleural effusion analysis, cytospin cytology +/- culture and sensitivity (if evidence of inflammatory cells) is recommended for further assessment.

Sonographic assessment of the abdominal cavity for evidence of pathology or potential pancreatitis (which at times may be result in systemic inflammation and pleural effusion) may be considered. Prognosis is dependent upon additional diagnostics and effusion analysis, although an overall very guarded to potentially poor prognosis is warranted.



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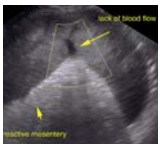
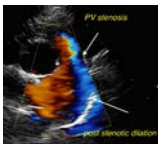
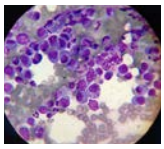
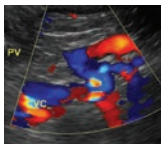

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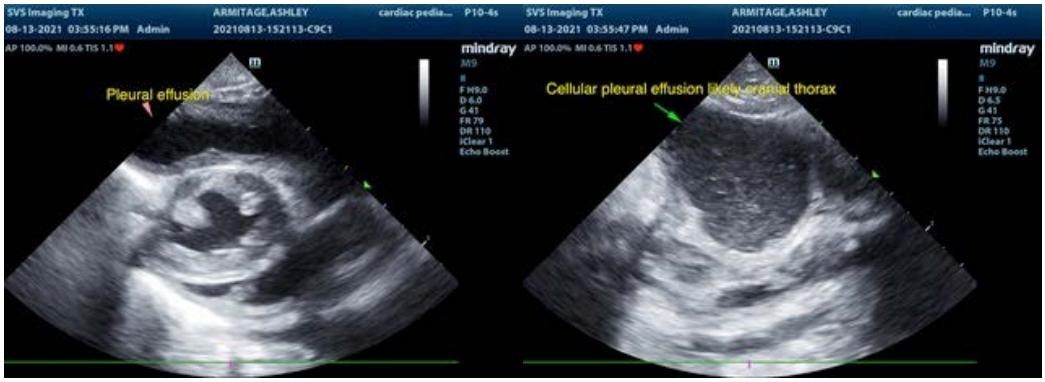

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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