


PATIENT

Harry Running

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

10 years

WEIGHT

4.98 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

 Oxford County Vet
 Clinic

REFERRING VET

Dr. Halfon

INVOICE

12138

DATE

8/17/21

PRESENTING CLINICAL SIGNS

Presented yesterday for inability to walk, not using hind legs, cold rear extremities and low blood sugar. Heart rate was rapid, blood pressure systolic was 132. Seemed dyspneic and was hypothermic. No murmur noted. Vomited yesterday after eating, concerns for aspiration. By the afternoon patient had normal temp, had withdrawal reflexes in both limbs and blood sugar was normal. Normal HR at that time. This morning patient is improved, walking on own with mild weakness only. Currently on Buprenorphine and Zeniquin.

Abnormal PE/Chem/CBC/UA Results: high blood sugar initially with slightly low potassium.

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		139	0.47	1.62	0.49	50%	85%
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	2.5	2.0	1.0	1.1	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 enlarged **left atrial** size based on 2 separate LA measurements. Evidence of spontaneous contrast was present in the left atrial lumen. The cranial and caudal **mitral** valve leaflets presented minor subjective thickening, yet normal kinetics. Color doppler assessment of the mitral valve revealed minor, primarily centralized Insufficiency. The **left ventricular** septum and free wall exhibited normal thicknesses, adequate contractility, and overall normal left ventricular volume, yet some asymmetrical myocardial remodeling of the septum and left ventricular free wall was suggestive of age-related myocardial changes or potential minor nonclinical **myocardial fibrosis**. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed increased size and normal content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was enlarged in size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed



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normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unclassified cardiomyopathy with myocardial remodeling
- Moderate to marked left atrial enlargement with evidence of luminal spontaneous contrast

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cardiac presentation was most consistent with unclassified cardiomyopathy given the presence of biatrial enlargement in the face of normal yet remodeled septum and left ventricular free wall thickness. End-stage hypertrophic cardiomyopathy may present in a similar sonographic manner. Regardless, the left atrial enlargement indicates that the risk of future complication is elevated, while the presence of spontaneous contrast, given the patient's history, is suggestive of a thromboembolic event.

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This patient is at risk for congestive heart failure and additional thrombus formation going forward. Clopidogrel 75 mg 1/4 tab PO SID is warranted +/- lowest effective dose of diuretic therapy, especially if clinical signs consistent with congestion are present. Monitoring of renal parameters and systemic blood pressure is indicated, especially if diuretic therapy is instituted. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with cardiac dysfunction develop.

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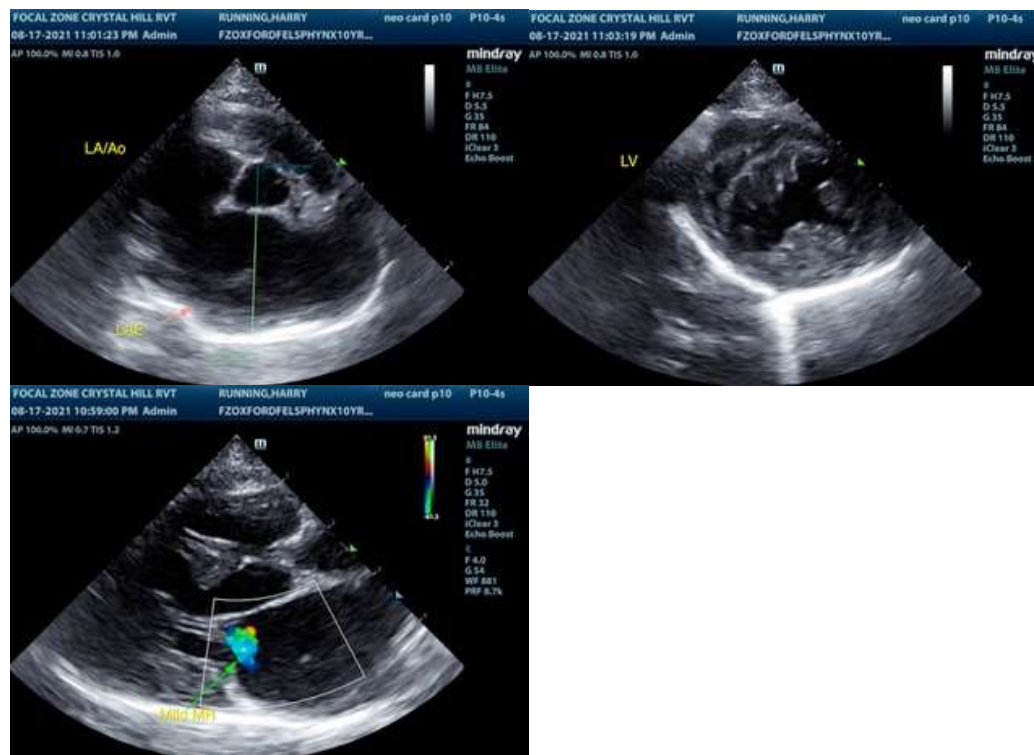
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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