


PATIENT

Buddington Hedges

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

12.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

 Westwood Regional
 Veterinary Hospital

REFERRING VET

Dr Hartwick

INVOICE

14651ag

DATE

08/18/2023

PRESENTING CLINICAL SIGNS

presented with acute respiratory distress, arrived open mouth breathing on emergency. Pleural effusion on rads. Hx of transient diabetes mellitus and renal azotemia- now normal. On lasix, unasin buprenex, O2 cage

Abnormal PE/Chem/CBC/UA Results: WBC 26.88, with neutrophilia and monocytosis; K+ 3.0, Cl 111, ALKP 11, BUN/Cr normal. SNAP BNP normal. Tested 2020 neg for felv/fiv/FCV/toxo at RDVM

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			0.55	1.2	0.54	50	82
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		1.0	1.1		0.7		
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 to mild subnormal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. The left ventricle presented borderline subjective increased thicknesses with maintained linear contour, mild decreased LV volume and borderline probable pseudohypertrophy. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The 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. Normal measured LVOT velocity was present. 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. No overt TR present on Doppler. 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). Normal measured RVOT velocity was present. Moderate volume mildly echogenic pleural effusion without evidence of concurrent pericardial effusion was present. Irregular non-homogenous areas of lung exhibiting potential for nodular pulmonary changes were present, an



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example measured 2.8 cm in diameter. Suspect concurrent mild non-homogenous intrathoracic lymphadenopathy with suspected lymph node measuring 1.8 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram with mild LV volume contraction and borderline LV pseudohypertrophy.

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- Normal LA/RA.
- Moderate volume pleural effusion.
- Irregular non-homogenous nodular lung with suspect concurrent mild non-homogenous intrathoracic lymphadenopathy-consolidation, atelectasis, neoplasia, infectious/inflammatory disease possible. Neoplastic criteria favored.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion in this patient is non-cardiogenic in origin. Thoracocentesis to remove as much pleural effusion as possible with effusion analysis cytology +/- C/S is recommended. FIP is technically a potential in this case yet is considered unlikely given the patient's age. Thoracic CT may be considered for further clarification, however, an extremely guarded to unfavorable prognosis is suspected.

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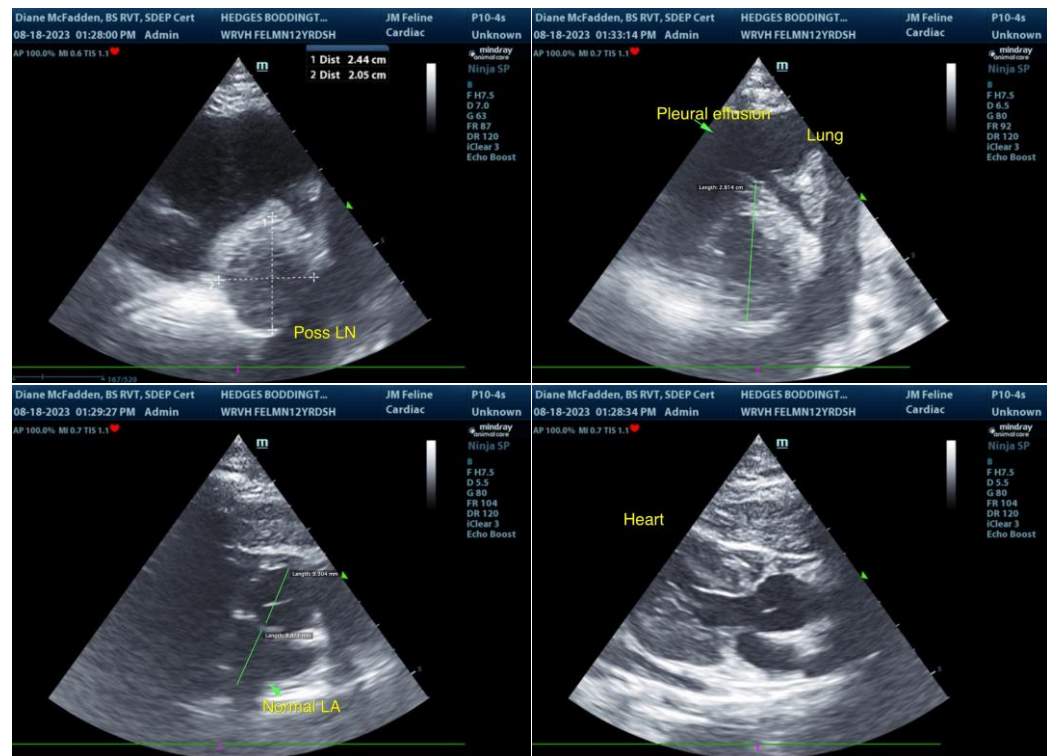
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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visible in the image/video clips provided.

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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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