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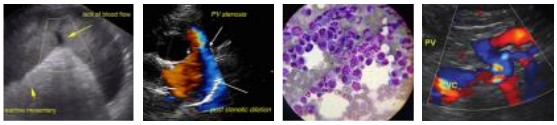


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Weslie Latimer

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12yr

WEIGHT

8.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Wlash CVT

HOSPITAL NAME

Amazon park Animal Clinic

REFERRING VET

Heyward

INVOICE

14695ag

DATE

08/21/2023

PRESENTING CLINICAL SIGNS

ABNORMAL BREATHING. FLUID IN CHEST. 300 ml pulled last wee

Abnormal PE/Chem/CBC/UA Results: rbc7.08 L SDMA-28H creat-2.8H BUN 56 H ALT-14L ALP-5 L

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		183	0.55	1.0	0.50	55	88
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	1.0			0.7	

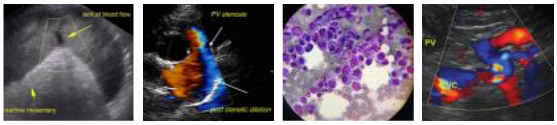
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal 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 dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial fluid was noted. Mild to moderate volume mildly echogenic pleural effusion was present. Areas of consolidated to aerated lung exhibiting mild asymmetrical pulmonary surface contour were present. Suspect focal non-homogenous intrathoracic lymph node with potential for unspecified non-homogenous intrathoracic nodule. A definitive cranial mediastinal mass was not visualized in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild myocardial remodeling.



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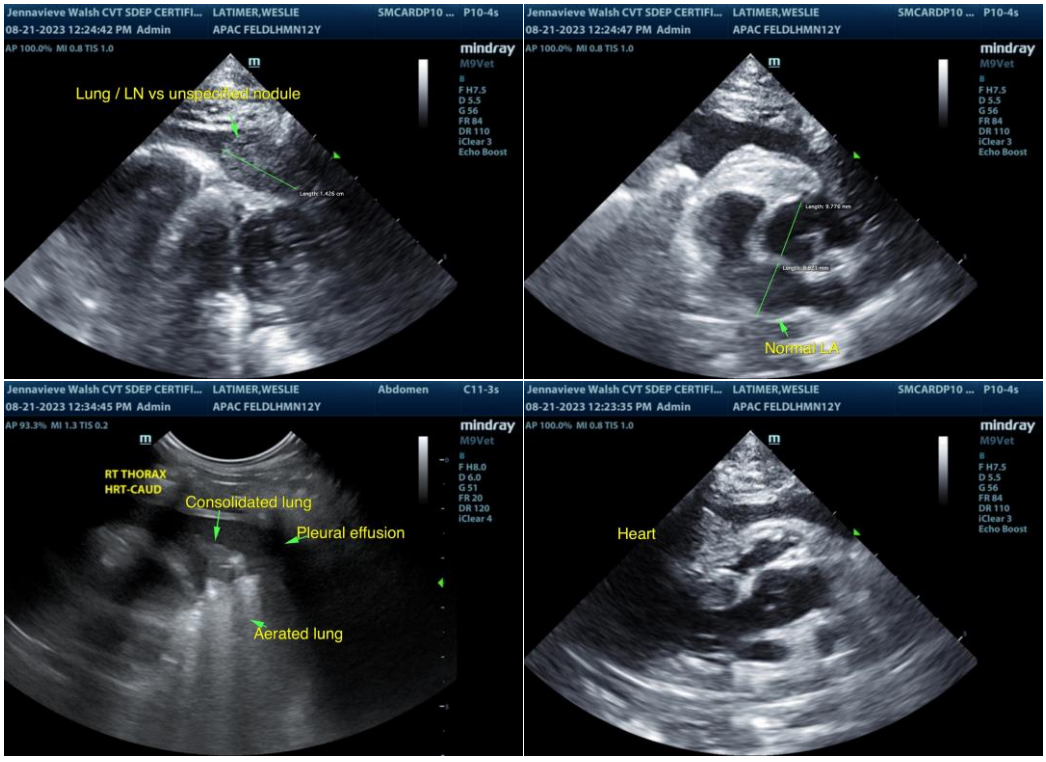
- Normal LA/RA.
- Mild to moderate volume pleural effusion.
- Subjective consolidated to aerated lung exhibiting mild asymmetrical pulmonary surface contour.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as LV systolic dysfunction, clinical pulmonary hypertension or significant valvular insufficiencies. The pleural effusion is non-cardiogenic in origin, considerations may include idiopathic, infectious/inflammatory disease, granulomatous disease i.e., dry FIP (thought less likely), neoplasia, chylothorax, penetrative foreign body or other.

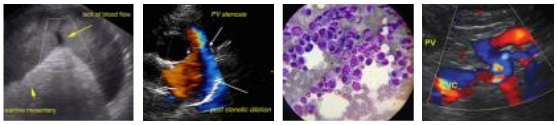
Pathology review of pleural effusion +/- C/S is recommended if not done. Recheck retroviral status is suggested. No overt evidence of diaphragmatic hernia which is thought less likely. Primary pulmonary disease (consolidation, atelectasis, concern for neoplasia) is considered most probable. Thoracic CT may be considered pending pleural effusion analysis.



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 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)



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