
PATIENT

Sally Peddle

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 yr

WEIGHT

4.46 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Nelson AH

REFERRING VET

Anderson

INVOICE

14734

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Sudden onset of dyspnea on August 24th. Pleural effusion on both sides of chest and gallop rhythm present but no obvious murmur. Chest was tapped yesterday. Has been started on Lasix 10mg BID. Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable other than mildly elevated bilirubin on August 20, 22.

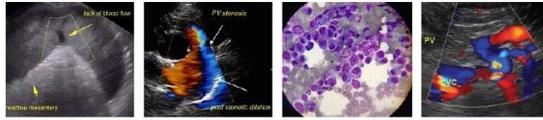
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		239	0.24	2.1	0.26	24	50
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	2.0	2.3	2.1				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 left ventricular wall exhibited normal thicknesses with minor areas of myocardial remodeling and asymmetry. The myocardial echogenicity appeared to be normal without overt evidence of significant fibrotic or ischemic disease. LV systolic function is significantly decreased as evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The LV and RV are both dilated in appearance. The left atrium is severely dilated and mildly bulbous in appearance. No evidence of LA spontaneous contrast or thrombus was noted. Mild MR was present on doppler. The right atrium is moderately dilated without evidence of spontaneous contrast or thrombus. Mild TR was present on doppler. Blood flow through the LVOT and RVOT exhibited subjective normal laminar appearance. Mild volume pericardial effusion is seen along with moderate volume concurrent pleural effusion. No obvious cardiac tumors were noted. Subjective mild tachycardia was present.



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ULTRASONOGRAPHIC FINDINGS

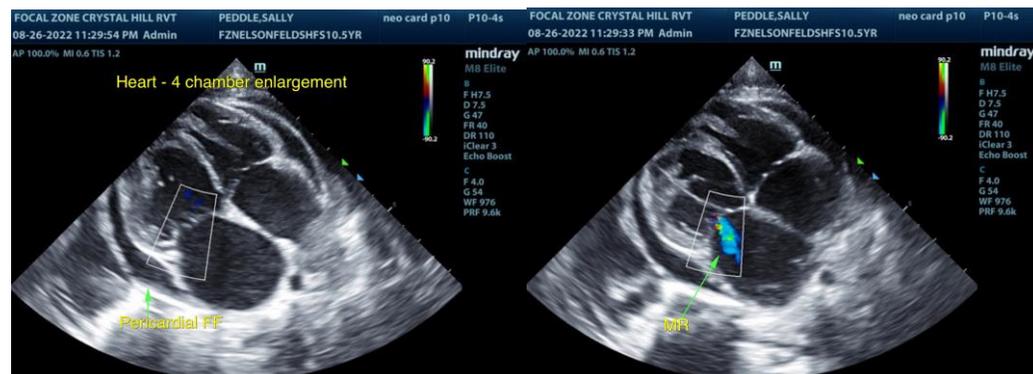
- Unclassified cardiomyopathy with four-chamber enlargement and LV systolic dysfunction
- Tachycardia
- Mild MR/TR
- Pleural and pericardial effusion

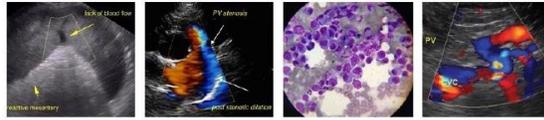
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is consistent with significant potentially end-stage cardiomyopathy and suggestive of unclassified cardiomyopathy, given biatrial enlargement in the face of normal LV wall thickness. However, burnout or end-stage HCM can have this appearance. Tachycardia is present. The degree of LA and LV enlargement predisposes to left-sided congestion while the tachycardia may predispose to right-sided heart failure.

Regardless of categorical classification, the presence of pericardial and pleural effusion confirms the diagnosis of congestive heart failure. The long-term prognosis is likely poor. However, medical therapy is recommended.

Continued diuretic therapy, 1.0-2.0 mg/kg PO BID, off-label Pimobendan 1.25 mg PO BID, and Plavix 75 mg tablet, 1/4 tab PO SID is recommended. Consider hospitalization with as-needed supportive care and oxygen therapy until the patient is stabilized. Monitoring of renal values, BP, and ideally ECG for further assessment of the tachycardia is suggested. If possible, going forward, this patient will be at significantly increased risk for continued to persistent CHF, development of blood clots, malignant arrhythmias, or sudden death. Recheck echocardiogram is suggested in 3-4 months, sooner if clinical persistent signs.





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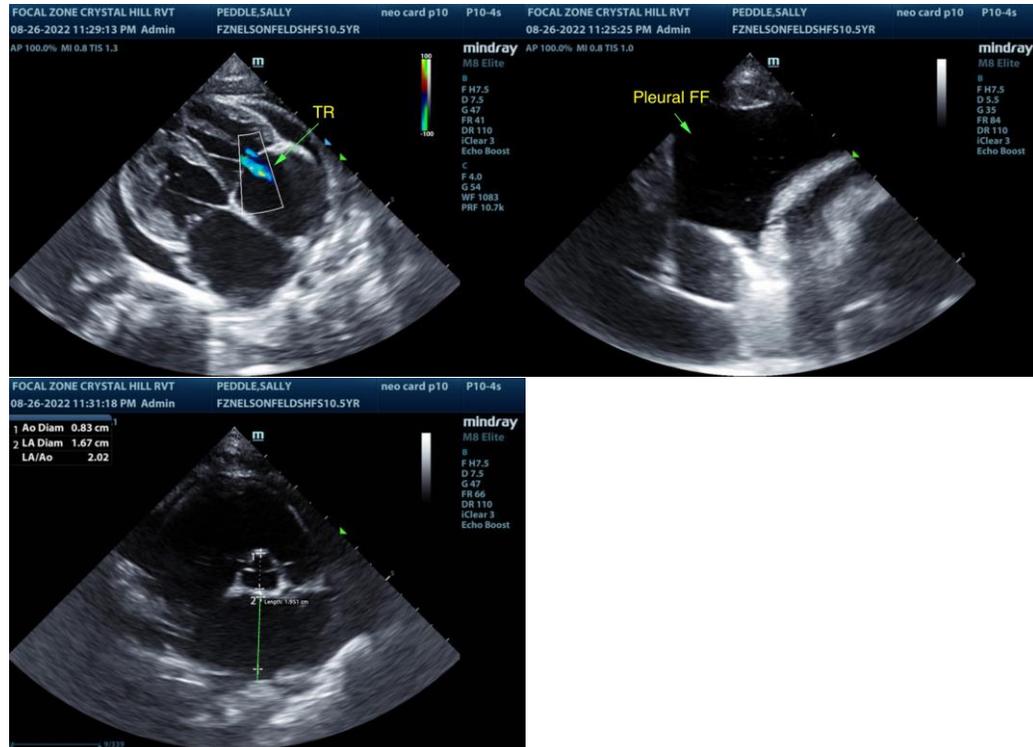
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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