

PATIENT

Garfield Murphy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 years

WEIGHT

11.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

14753

DATE

8/27/22

PRESENTING CLINICAL SIGNS

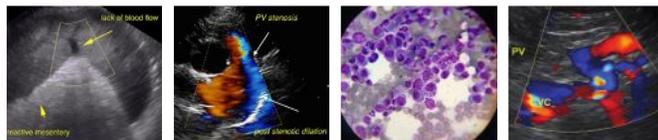
Acute onset of rear leg lameness yesterday per petsitter. O got home last night. Knuckling R rear toes when walking. Rear pads are pale and cool compared to front feet. Femoral pulses not palpable. R rear leg somewhat "floppy", L rear slightly weak. Heart sounds normal. Cat seems painful and is uncooperative. Current medications: Oral buprenorphine 0.05 mg PO after exam
Abnormal PE/Chem/CBC/UA Results: No labwork or radiographs performed @ this time

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		213	0.5	1.56	0.52	42.6	77.4
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	2.8	2.4	2.0	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 left ventricular wall exhibited overtly normal septal and free wall thicknesses with subtle areas of asymmetry. The endocardium exhibited overtly normal echogenicity without evidence of fibrosis. Mildly prominent papillary muscles were present. LV systolic function was adequate as evidenced by the fractional shortening measurement above. Normal LV volume was noted. The left atrium is significantly dilated and mildly bulbous in appearance. Evidence of minor disorganized spontaneous contrast within the left atrium was present (smoke). The right atrium exhibited minor subjective concurrent enlargement. The mitral valve was normal with tract centralized MR. No obvious TR was noted. Blood flow through the LVOT and RVOT were overtly normal in velocity. No evidence of pericardial or pleural effusion was noted. No obvious cardiac tumors were present. Brief sonographic assessment using linear probe in the area of the iliac trifurcation revealed a small soft tissue echo consistent with thrombus adjacent to the area of the iliac trifurcation.



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ULTRASONOGRAPHIC FINDINGS

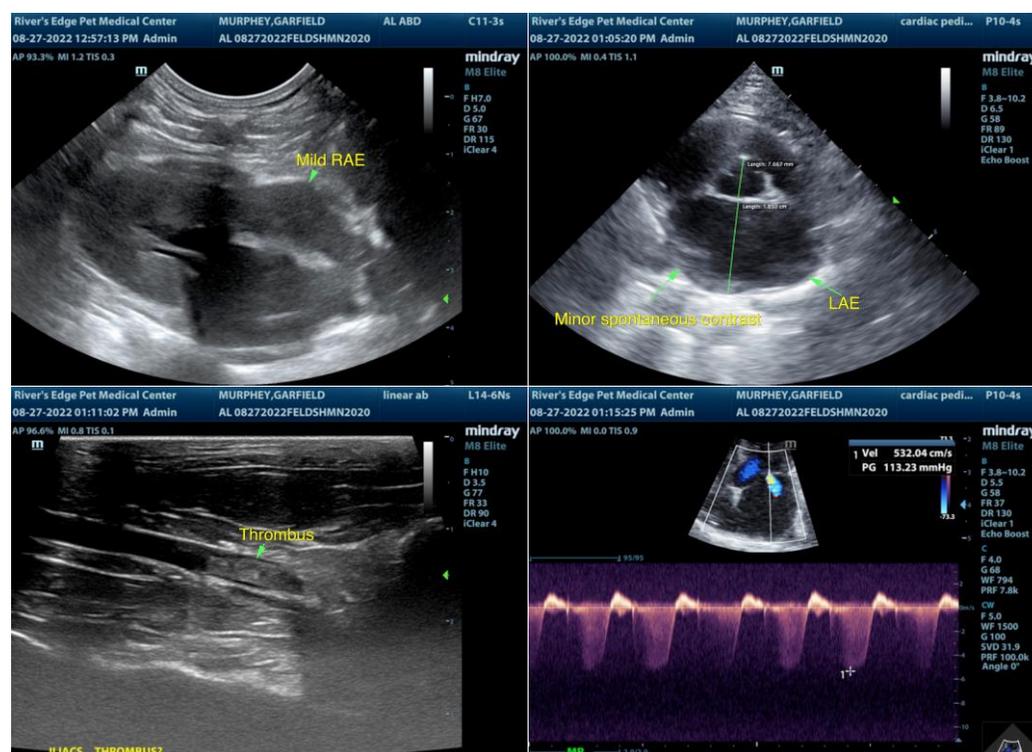
- Left atrium enlargement exhibiting evidence of mild spontaneous contrast / smoke
- Confirmed saddle thrombus
- Mild centralized MR
- Overtly normal LV

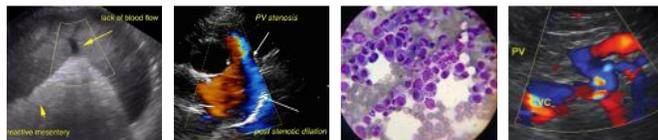
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of left atrium enlargement in the face of normal LV wall thickness is suggestive of unclassified cardiomyopathy and without obvious HCM criteria. Confirmed saddle thrombus is present in this patient with evidence of concurrent mild left atrial luminal spontaneous contrast.

Cats that develop an aortic thromboembolism carry a very guarded to potentially poor prognosis with those that survive the initial clotting event potentially at elevated risk for continued thrombus formation and /or CHF.

Hospitalization with supportive care for the saddle thrombus along with diuretic therapy 1.0-2.0 mg/kg PO BID, Clopidogrel 0.75 mg tab, 1/4 tab orally SID, is recommended. Monitoring of renal parameters and systemic BP is suggested if possible. Given normal LV systolic function, no overt indication for off-label Pimobendan at this stage. Recheck echocardiogram is recommended in 3-4 months for further assessment.





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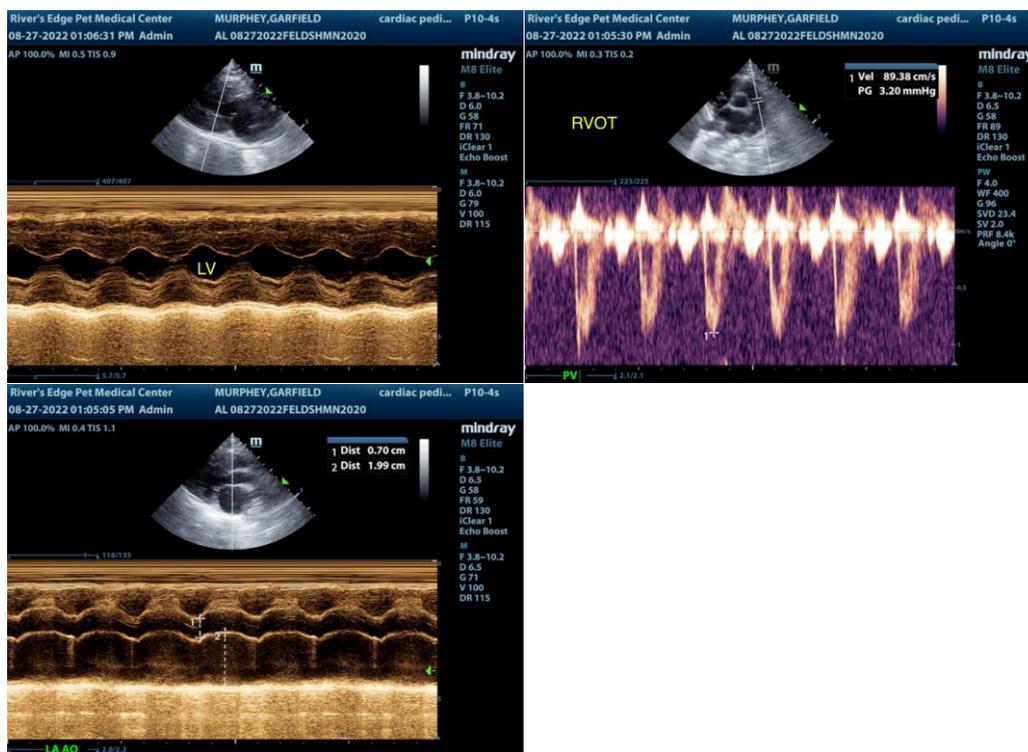
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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