SonoPath
Clinical Sonography & Telecytology
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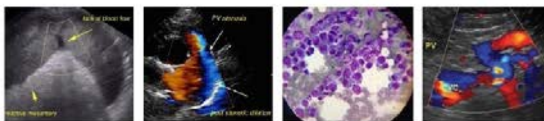


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Zoe D'Alessio

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hespeler AH

REFERRING VET

Dr. Bhinder

INVOICE

25760

DATE

9/23/21

PRESENTING CLINICAL SIGNS

Zoe was initially presented with history of Coughing, sneezing , Hacking and overgrooming on 07/28/2021. Lung sounds of Zoe were unremarkable. Did a course of antibiotics (Azithromycin, Viralysin) . Sneezing improved with course of antibiotics and viralysin but coughing and hacking continued, though frequency decreased to once a day. Blood test was performed on day of initial visit which was insignificant. on recheck exam on 09/10/2021 radiographs of chest were performed and a white opacity was noticed in the right caudal lung lobe , but other differential diagnosis such as esophageal mass, localized enlarged lymph node and diaphragmatic hernia can not be completely rules. Zoe was recommended ultrasound of the thorax and owner agreed for ultrasound guided fine needle aspirate of the suspected mass.
Abnormal PE/Chem/CBC/UA Results: HR-155bpm,RR-35/min, BP- not available

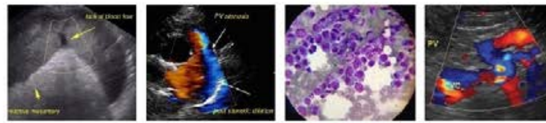
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		132	0.47	1.5	0.49	40.4	75
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	1.15	1.15	1.4		<2.0	0.75	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 normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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. 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. 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). 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.

Visualized lung (specifically in the caudodorsal lung field) revealed linear pulmonary interface without evidence of caudal thoracic pleural effusion or overt space occupying mass.



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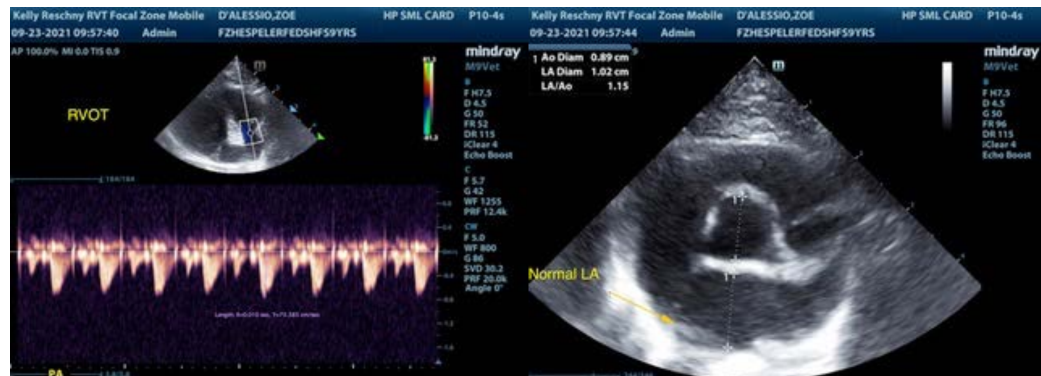
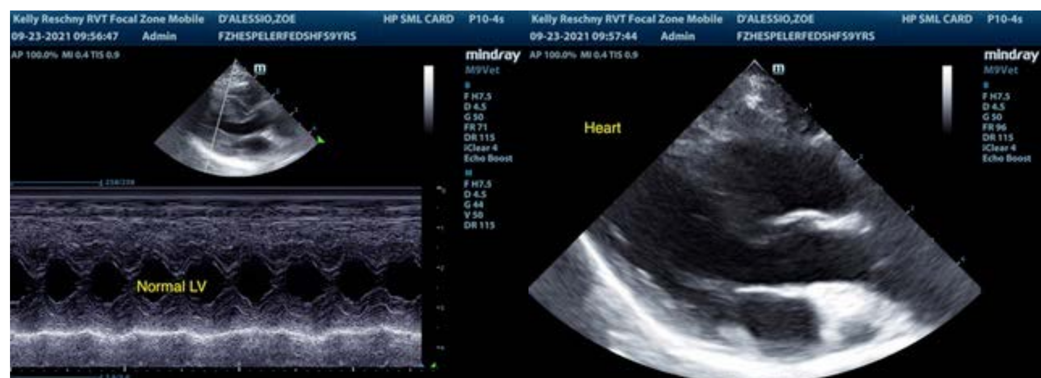
ULTRASONOGRAPHIC FINDINGS

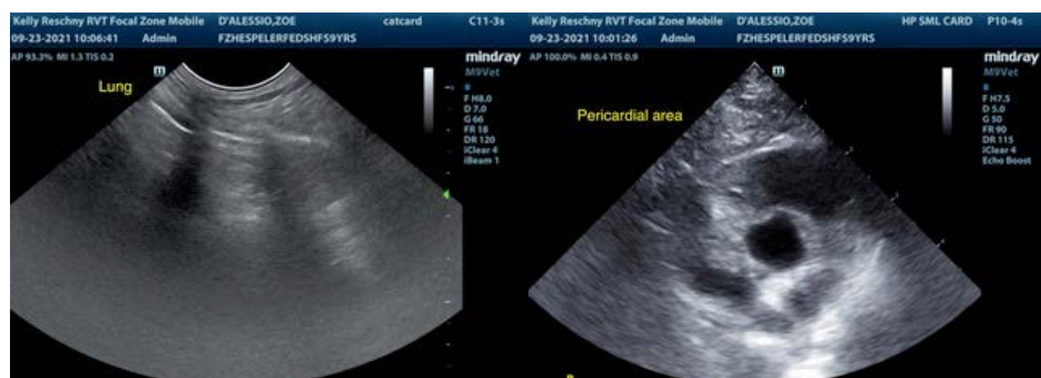
- Normal echocardiogram
- Subjectively normal visualized lung with linear pulmonary interface

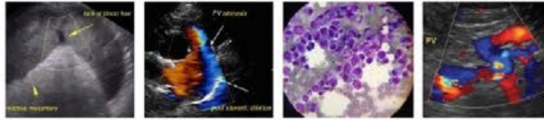
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious pulmonary or caudal thoracic space-occupying mass or other pathology was not definitively evident in this study. Pathology may be present within the caudodorsal thorax as exhibited on the radiographs, yet surrounded by aerated lung, which may limit visibility. Radiographic monitoring, lower airway sampling, or thoracic CT for further assessment may be considered. No indication for cardiac medications.









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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com