



PATIENT

Tom Cat Parkter

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

10.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Milford Veterinary
Clinic

INVOICE

15046

DATE

9/30/22

PRESENTING CLINICAL SIGNS

Decreased appetite, labored breathing, lethargic, went to ER a month ago from limping
Abnormal PE/Chem/CBC/UA Results: x-rays suggested URI, slightly elevated SDMA values

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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		NM	0.51	1.16	0.60	44.8	77.6
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				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							

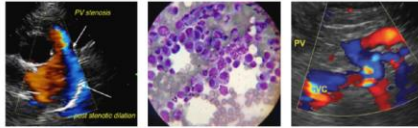
Cardiac Presentation

The left ventricular wall is remodeled with regions of asymmetry. Diffuse hyperechoic endocardium, consistent with fibrosis, is present. Prominent to remodeled hyperechoic papillary muscles were present. LV systolic function is adequate, yet subjective mildly decreased. Overall normal LV volume was noted. The left atrium is moderate to severely dilated and bulbous in appearance. The potential for possible minor smoke or spontaneous contrast in the left atrium is possible although not definitive. The right atrium was indistinctly visualized, yet appeared to be normal in size. The mitral valve exhibited mild thickening. The potential for a systolic anterior motion of the mitral valve is possible, although not definitive. Moderate volume pleural effusion was present. No obvious cardiac tumors were noted.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.69 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of hepatic congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

The visualized segments of small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of concurrent peritoneal free fluid were noted.



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ULTRASONOGRAPHIC FINDINGS

- Cardiomyopathy exhibiting evidence of LV remodeling / myocardial fibrosis, moderate to severe left atrium enlargement with potential for Indistinct spontaneous contrast
- Pleural effusion
- Bilateral mild to moderate chronic renal changes
- Normal liver without evidence of congestion
- Overtly normal gastrointestinal tract with gastric ingesta

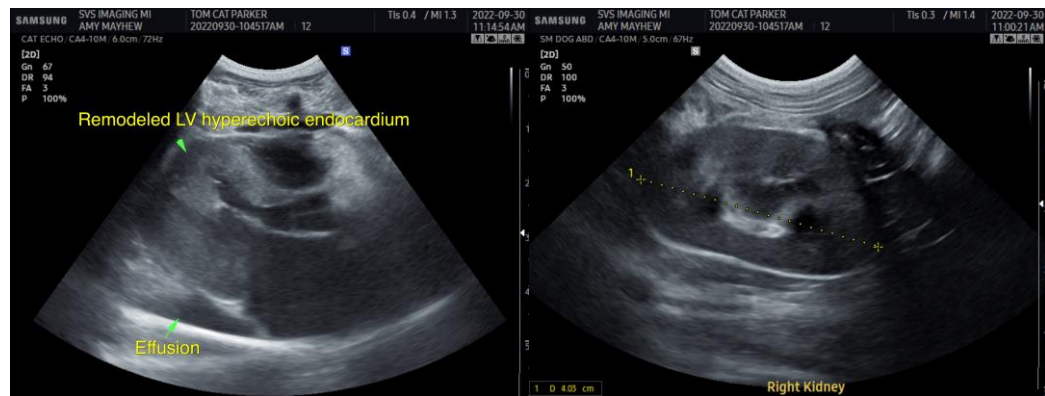
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the cardiomyopathy may include unclassified cardiomyopathy, burn-out, or end-stage HCM/HOCM with neoplastic criteria considered unlikely. Significant LV remodeling, fibrosis which indicates potential diastolic as well as mild systolic dysfunction, and potential evidence of early thrombus formation given the degree of left atrium enlargement which may coincide with recent thromboembolic episode given the reported limping, may be possible.

Regardless of categorical classification, the degree of atrial enlargement with concurrent pleural effusion is consistent with the diagnosis of congestive heart failure. The long-term prognosis is very guarded to unfavorable.

A full echocardiographic workup is recommended if possible. Empirically, thoracocentesis to improve respiratory effort, as well as injectable Lasix until the patient is stabilized with as-needed oxygen therapy if indicated is recommended. Discharge on initial Lasix 1.0-2.0 mg/kg PO BID, as well as Clopidogrel 75 mg tablet (1/4 tab) PO SID pending further echocardiographic assessment.

Monitoring of renal values, blood pressure, and ideally ECG is recommended as this patient is at increased risk for the development of malignant arrhythmias and potential sudden death.



IMAGING PERFORMED BY

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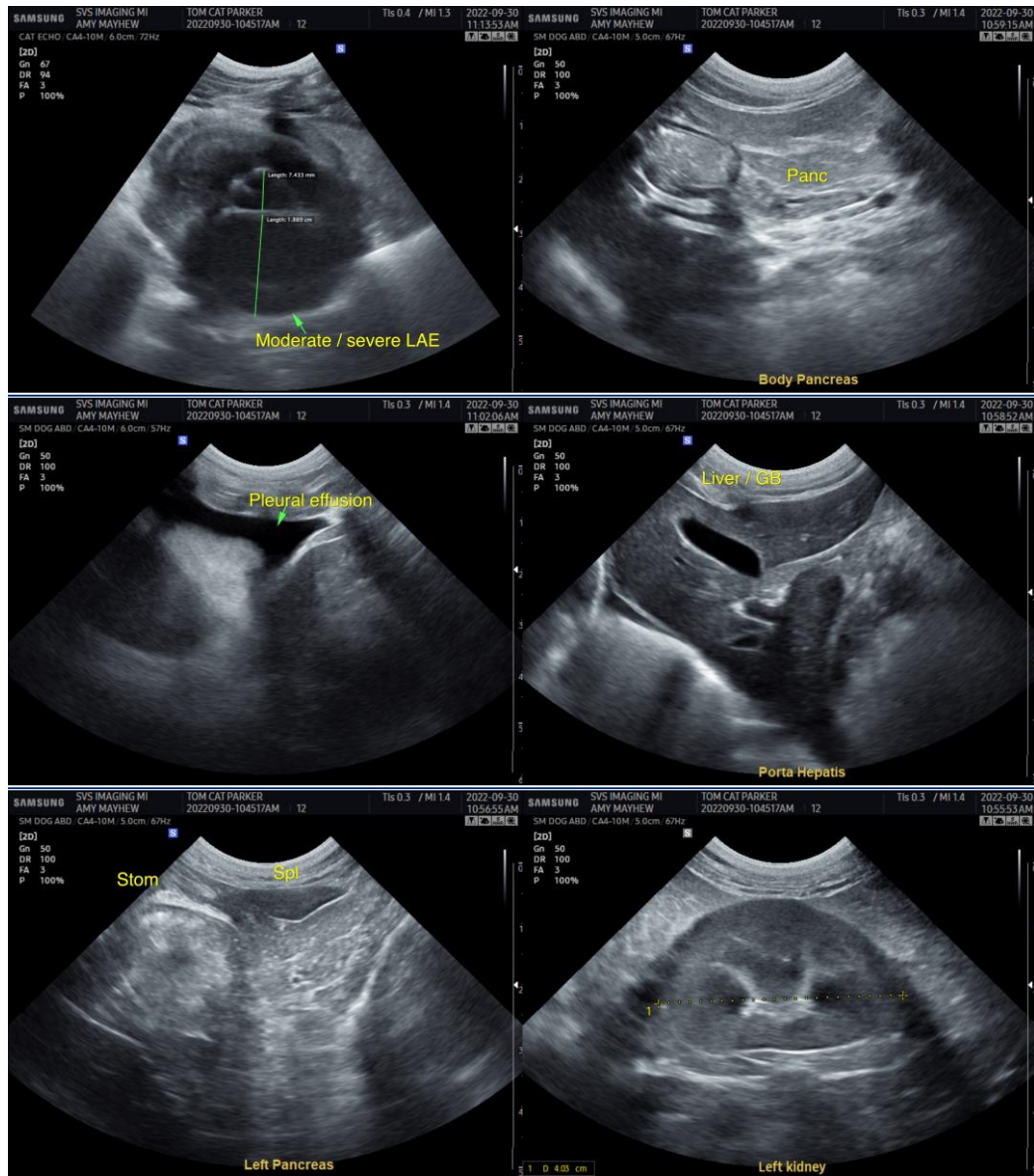
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com