

PATIENT PRESENTING CLINICAL SIGNS

Annie Elkins

SPECIES

Feline

Presented one week ago for making an odd noise -- trying to bring something up? Coughing? Could not get clear description from owner. I have not heard kitty make noise. Duration of several months. Acting normally otherwise Cat is indoor/outdoor. Mild tachypnea on PE, no dyspnea. T 100.7 Radiographs show blunted lung fields and mineralized opacities in lungs. Opaque cranial chest. Sent to Sonopath for radiologist review. Will attach this report as well as films

BREED

DSH

SEX

FS

AGE

10 Years

WEIGHT

9.5 lbs

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		133	0.36	1.22	0.45	48.8	83.9
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	1.38	1.45	1.23	1.0	<1.0	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							

INTERPRETED BY

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

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). Sonographic assessment of the subjective mid to cranial thorax revealed areas of echogenic to mildly non-uniform tissue exhibiting subtle distal dirty acoustic shadowing. The echogenic tissue was also noted directly adjacent to the heart. The visualized lung exhibited primarily normal subjective linear pulmonary interface with several areas of discernible lung exhibiting focal areas of mineralization / calcification. A small amount of pleural effusion was noted in the caudal thorax directly adjacent to the cranial diaphragm.

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Faithful Friends Animal
Clinic

REFERRING VET

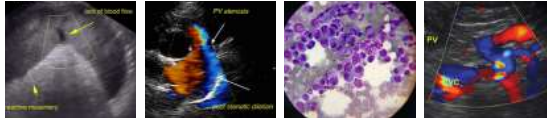
Dr. Rideout

INVOICE

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DATE

9-4-21



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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Echogenic to mild non-uniform tissue primarily in mid to cranial thorax and adjacent to the heart.
- Intermittent peripheral lung calcification.
- Minor caudal thoracic effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echogenic to mildly non-uniform mid to cranial thoracic tissue was nonspecific and may indicate pulmonary origin, although non-pulmonary origin is possible. Potential considerations may include consolidation, atelectasis, suppurative / granulomatous disease, neoplasia, or other. In conjunction with radiographic assessment, this process is most likely chronic in nature.

An obvious cranial mediastinal mass lesion was not evident yet cannot be definitively excluded owing to regional lung artifact.

Sampling either via bronchoalveolar lavage or ultrasound guided FNA for cytology +/- culture and sensitivity required for further clarification. Thoracic CT may also be considered.





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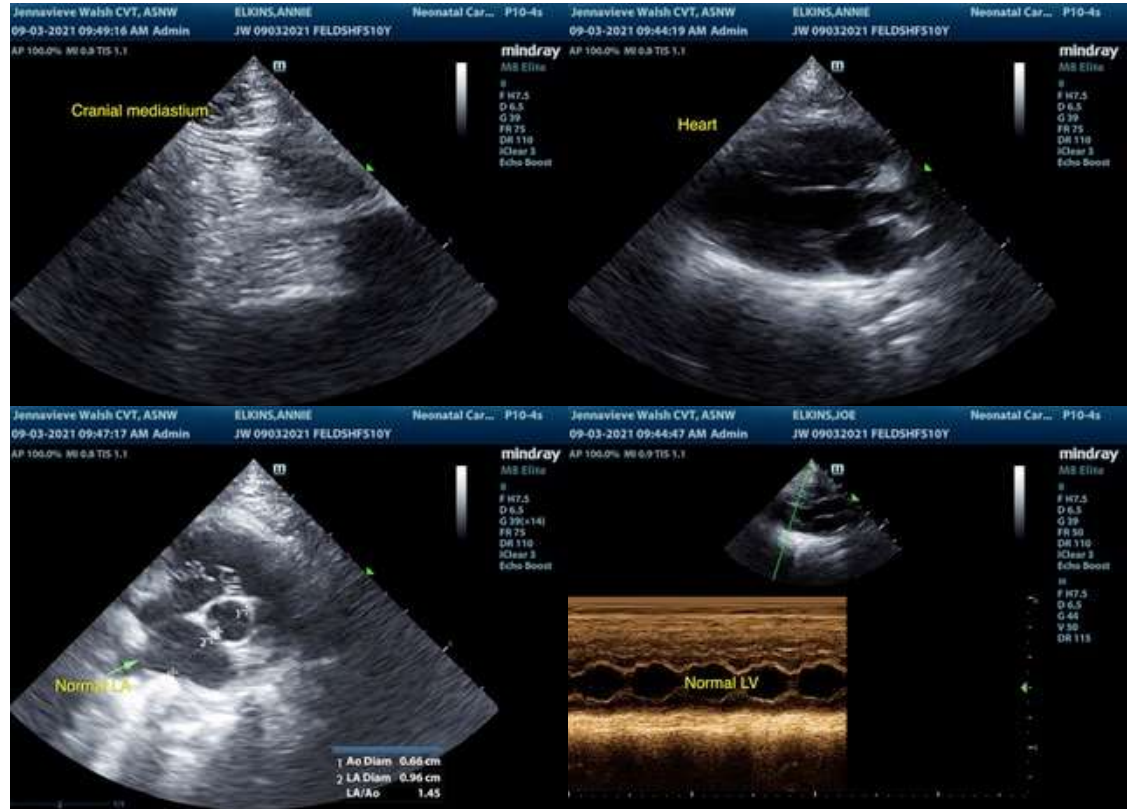
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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