


PATIENT

Sophie Frazier

PRESENTING CLINICAL SIGNS

Dyspnea since 4 days after sedated grooming done (Alfaxan and Torbugesic). Started on Lasix few days ago. Sedated with Gabapentin PO.

SPECIES

Feline

PE: Labored breathing. Increased lung sounds on expirations and some upper respiratory noise.

RADS (lateral thorax, attached): Air bronchogram, diffuse pulmonary edema. Possible cardiomegaly.

BW: mild neutropenia (2.6k, historic), mild monocytosis, SDMA 15, K+ 3.3, T-4 normal.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

13yr

WEIGHT

16.8lb

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			0.55	1.77	0.55	49.2	84.1
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	2.7	2.6	2.4		0.7		

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 left ventricular wall exhibited minor remodeling and areas of minor asymmetry. Mild generalized hyperechoic endocardium which may indicate some degree of myocardial fibrosis was present. Mildly prominent to remodeled to hypertrophied papillary muscles were noted. LV systolic dysfunction was adequate as evidenced by the fracture shortening measurement. The LV and RV exhibited subjective normal volume. The left atrium was severely dilated and bulbous in appearance. No overt evidence of spontaneous contrast or LA thrombus was present. The RA exhibited concurrent moderate dilation without evidence of spontaneous contrast or RA thrombus. The mitral valve appeared to be mildly thickened with mild to moderate centralized MR. No overt TR was observed. Dynamic to turbulent blood flow through the LVOT was present with subjective laminar RVOT flow. Scant pericardial effusion was visualized. No obvious evidence of concurrent pleural effusion. No cardiac tumors observed.

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

11577ag

ULTRASONOGRAPHIC FINDINGS
Primary

- Unclassified cardiomyopathy

DATE

09/09/2022



PATIENT

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- Severe LA enlargement
- Scant pericardial effusion

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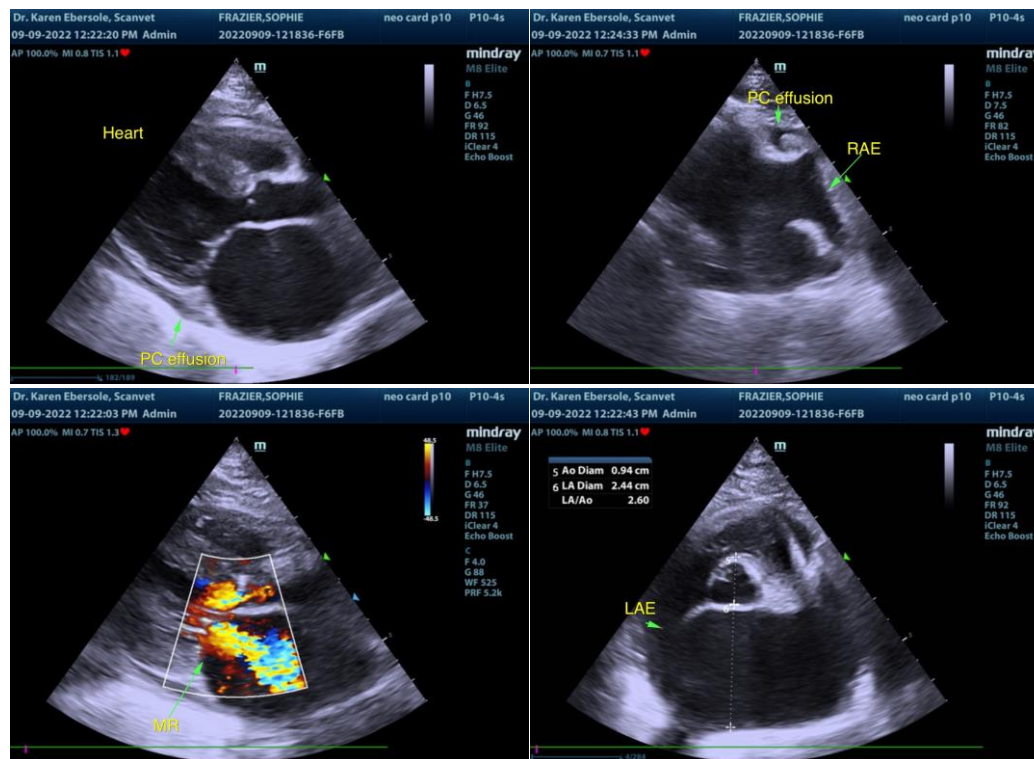
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of biatrial enlargement with normal LV wall thickness is consistent with unclassified cardiomyopathy however burnout or end stage HCM can also have this appearance. The degree of LA enlargement confirms the diagnosis of congestive heart failure. Long term prognosis is very guarded to potentially poor.

Medical therapy is recommended with assessment of clinical response. Hospitalization with injectable Lasix is recommended until the patient is stabilized. Lasix 1-2 mg/kg PO BID, Clopidogrel 75 mg tab ¼ tab PO SID as well as off label Pimobendan 1.25 mg PO BID is recommended. Monitoring of renal parameters, BP and ideally ECG is recommended. This patient will be at continued elevated risk for CHF, malignant arrhythmias and thromboembolic events going forward. A recheck echocardiogram recommended in 4-6 months sooner if recurrent episodes of CHF or additional clinical signs are noted.



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)



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info@SonoPath.com

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