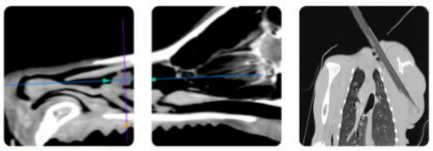

PATIENT

Toby Skof

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.45 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

The Collegeway AH

REFERRING VET

Dr. Nessiem

INVOICE

35975

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Findings: Presented with abdominal breathing
- Current Medications: Furosemide 20mg, 0.5 tablet SID, Felimazole 2.5mg 1 tablet BID
- Radiographic Findings: Fluid discovered in thorax. We will email the radiographs
- Primary question to be answered in this exam: Would like to check the condition of the heart

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	6.45	187	--	1.4	0.65	--	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	2.24	2.34	--		1.8	0.72	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							

MR VAX: Underestimated

Cardiac Presentation

The left atrium is severely enlarged. The mitral valve leaflets are normal and there is trivial mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is evidence of pleural effusion and scant pericardial effusion. An intracardiac mass is not identified.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy
- Severe left atrial enlargement
- Pleural effusion

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- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

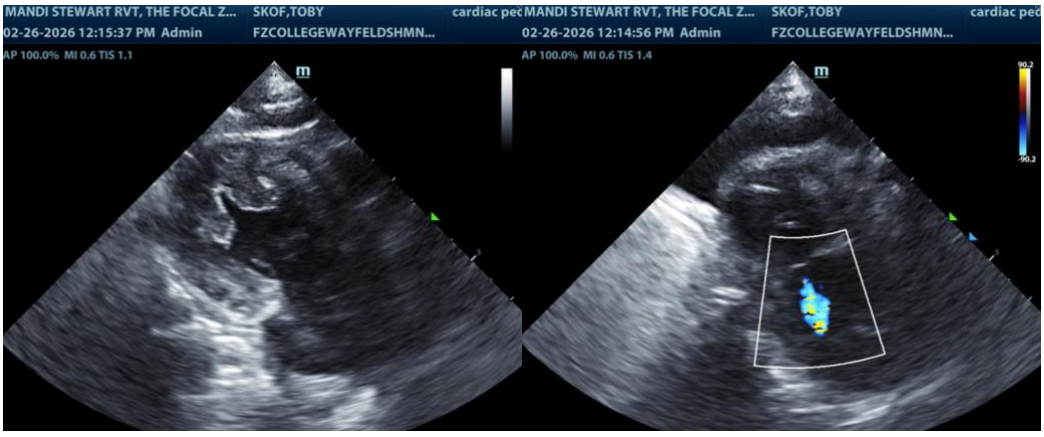
The patient has left ventricular concentric hypertrophy and severe left atrial enlargement. Given the presence of the pleural effusion and pericardial effusion, the patient is in active congestive heart failure. Depending on the patient's stability, consider a referral to an institution that could provide oxygen and intravenous therapy.

Otherwise, if a therapeutic thoracocentesis has not already been performed, I recommend this be performed. The patient's diuretic therapy can be increased to 10 mg twice daily, long term. Recommend assessing the thyroid hormone to ensure the patient's hyperthyroidism is controlled and starting clopidogrel at a dose of 18.75 (a quarter of a 75 mg tablet), once daily.

Unfortunately, given the nature of the cardiac disease and the advanced state, this patient has a poor-to-grave prognosis with median survival times of about 6-9 months, and sudden cardiac death can occur at any time. If not moving forward with referral, recheck renal values in 7-10 days along with blood pressure. If doing well, consider the addition of an ACE inhibitor (enalapril versus benazepril) at a dose of 0.5 mg per kg, once to twice daily. 2-3 weeks after starting an ACE inhibitor, repeat blood work and blood pressures are recommended.

Recheck echo in 4-6 months, sooner if the patient is decompensating.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.



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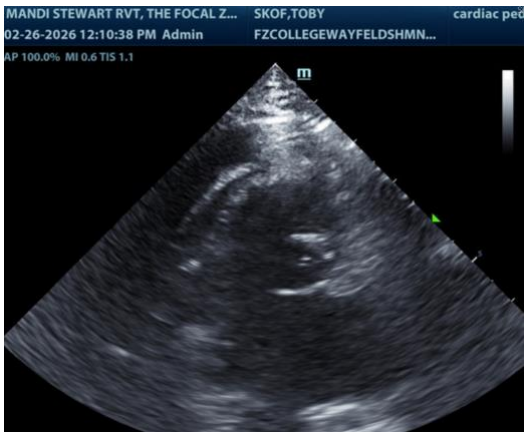

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com