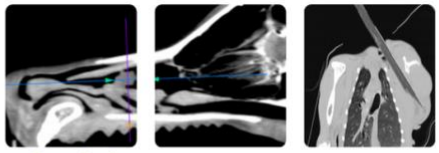

PATIENT

Skippy Haunton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

7.5 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Parkside Animal Hospital

REFERRING VET

Dr. Zak

INVOICE

15308

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Presented to our clinic because of vomiting Rad done and finding with heart problem. Skippy started to have Abd and open mouth breathing. Furosemide start and get improved. No Heart murmur appreciated. Abd breathing and open mouth breathing. Current Medications: Furosemide 20 mg tab 0.5 tab orally/12 hours

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Cardiac enlargement is identified which is generalized. There is a prominent vascular pattern involving the pulmonary vascular structures. Regions of patchy interstitial infiltrates are suspected involving the pulmonary parenchyma. Tracheal diameter is normal. A small amount of pleural effusion is suspected

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	7.5	112	0.51	1.9	0.43	--	--
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)	**LVIDs** (m/s)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.79	2.0	--		0.99	1.05	--
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: ~3.0

Cardiac Presentation

The left atrium is severely enlarged. The mitral valve leaflets are normal and there is trivial mitral regurgitation directed towards the free wall. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is no evidence of concentric hypertrophy of the left ventricle in the imaged provided. 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 no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Left atrial enlargement.
- Mitral regurgitation.
- Left ventricular dilation.

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- No left ventricular concentric hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

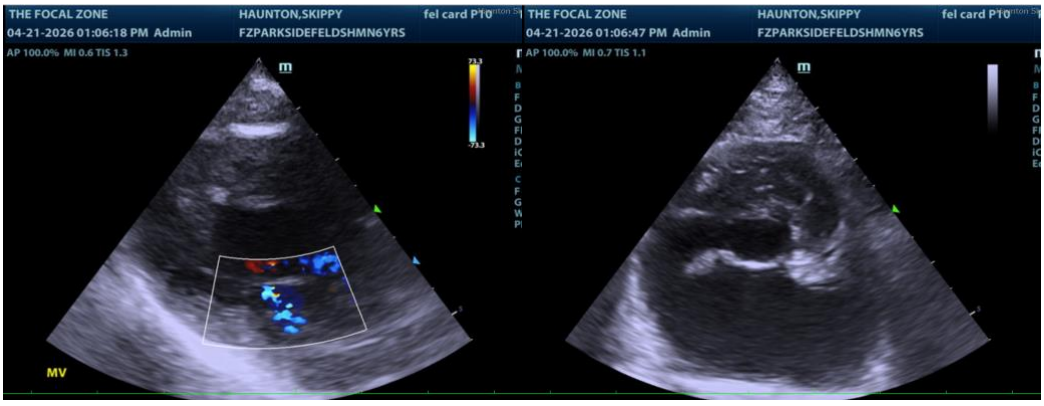
The patient has severe left atrial enlargement and with the reported clinical signs, has experienced an episode of congestive heart failure. The patient technically classifies as having a non-specified cardiomyopathy as the left ventricular walls are not hypertrophied. End-stage hypertrophic cardiomyopathy versus restrictive cardiomyopathy cannot be ruled out.

Recommend continued therapy with furosemide at the current dose, especially in the face of the patient clinically improving. Recommend starting clopidogrel, 75 mg ¼ tablet once daily. Blood work since starting furosemide should be performed 7 to 10 days after the initiation to reassess kidney values. If kidney values are within normal limits, I would then recommend also starting an ACE inhibitor, enalapril versus benazepril, at a dose of 0.3 to 0.5 mg/kg once to twice daily.

If there is a high suspicion of an infectious disease, i.e. the patient is indoor-outdoor, outdoor versus has a history of flea or versus tick infestation, etc., I would consider infectious disease testing in this patient as well. If an underlying cause is identified, sometimes these cases can have an improved overall prognosis.

Unfortunately, the prognosis is poor with primary cardiac disease, median survival times being anywhere from 6 to 12 months. Blood work while the patient is on these therapies is recommended every 4 to 6 months, sooner if the patient's appetite is worsening or other signs of kidney disease are developing.

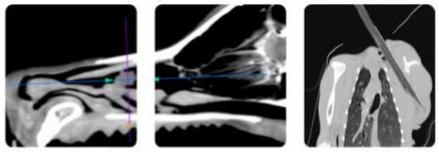
Elective anesthetic procedures are not recommended for this patient, nor are steroid injections or fluid therapy.



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)



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