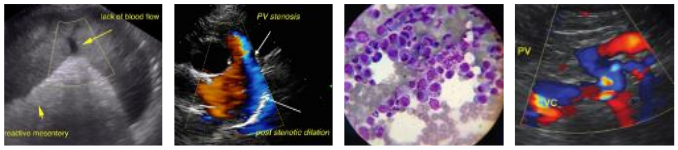
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Goose Schneider

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
1 year

WEIGHT
11lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Willowbrook Animal Clinic

REFERRING VET
Dr. Palescandolo

INVOICE
30061

DATE
4/5/23

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Current medications: Gabapentin 250mg

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Normal flow through both the RVOT and LVOT. Trivial TR. No MR. No AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	200	0.43	1.42	0.42	62	93
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.2	1.2	1.0		1.2	1.1	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No cause for the murmur is identified in this study, making it likely physiologic in origin. No pathology is appreciated. It is important to note that small congenital abnormalities are easily missed. If the murmur persists or progresses, or certainly if clinical signs arise referral is recommended.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to screen for any development of disease that the preexisting murmur may mask.

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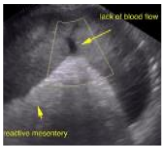
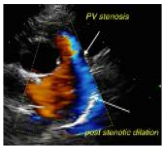
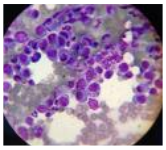
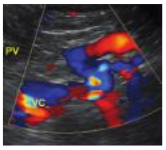

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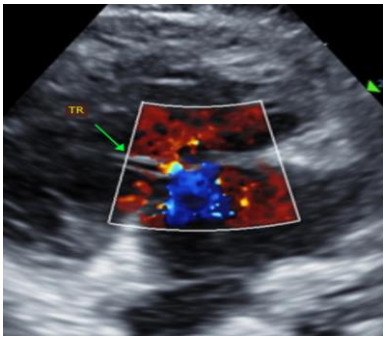
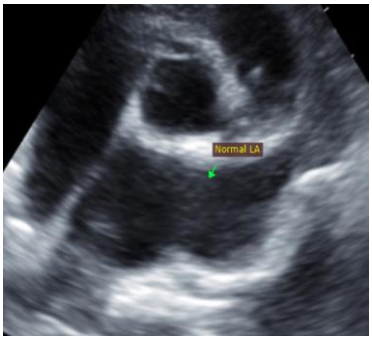
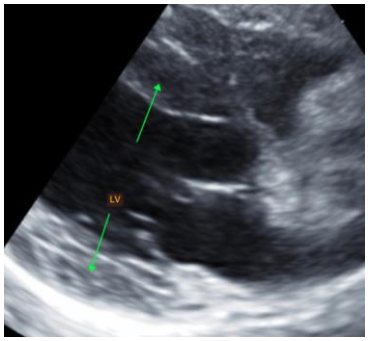
IMAGES







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. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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