

PATIENT PRESENTING CLINICAL SIGNS

Bob Cat CRAN

SPECIES

Feline

Presented for murmur. Loud Grade 5-6/6 left sided systolic murmur found at spay/neuter clinic prior to anesthesia. Neuter surgery was cancelled. I saw the cat 2 days ago and confirmed murmur. proBNP=normal. Radiographic Study of the Chest was normal. Incidental finding of a gi foreign body (appears like a wrist band). No clinical symptoms reported. TPR and PE findings otherwise normal. Heart Rate and Respiratory Rates 230bpm

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

8.0 Pounds

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		192	0.57	1.13	0.57	75	98
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	1.16	1.1		1.15		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

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Four Corners VC

REFERRING VET

Dr. Dull

INVOICE

35021

DATE

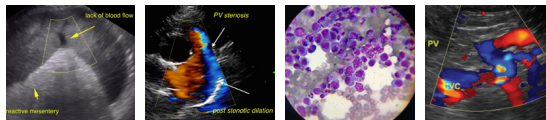
1/21/22

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 **left ventricular outflow tract** revealed a very small ventricular septal defect. 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 **right ventricular outflow tract** revealed mildly elevated velocity at 2.0 m/sec, compensatory outflow increase. Mild **right ventricular** hypertrophy noted. **Tricuspid** insufficiency noted at 2.0 m/sec, compensated. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window. Hyperdynamic state was present, likely owing to excitement. However, the right ventricular outflow tract velocity was mildly excessive in compensatory fashion.

ULTRASONOGRAPHIC FINDINGS

- Small ventricular septal defect, may close over time
- Right ventricular hypertrophy



PATIENT

- Tricuspid insufficiency, minor congenital lesion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

No overt contraindication to anesthetic procedure in this patient. However, as a preventative, I do recommend prophylactic antibiotic 3 days prior and 5 days post any surgical procedure. Recheck echo at one year of age. Torbutrol pre-med, Propofol induction, Isoflurane maintenance suggested protocol or similar.

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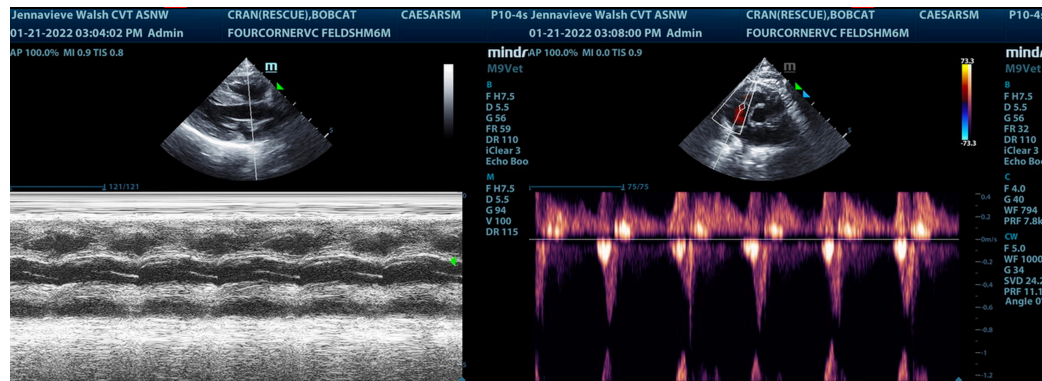
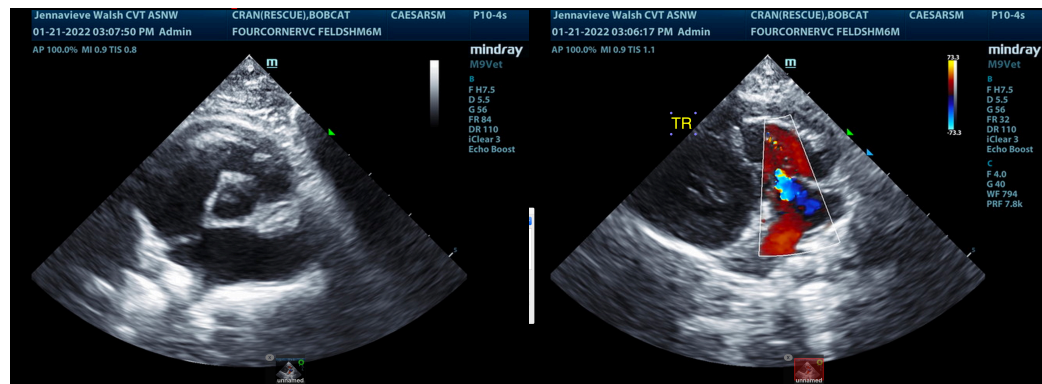
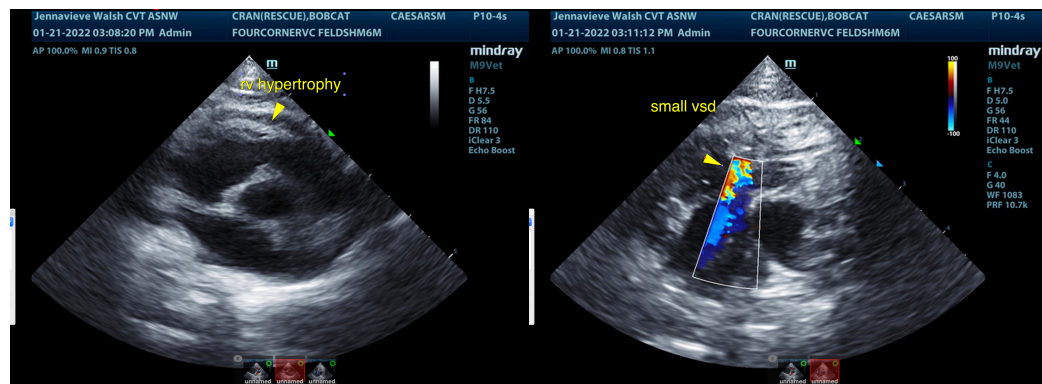
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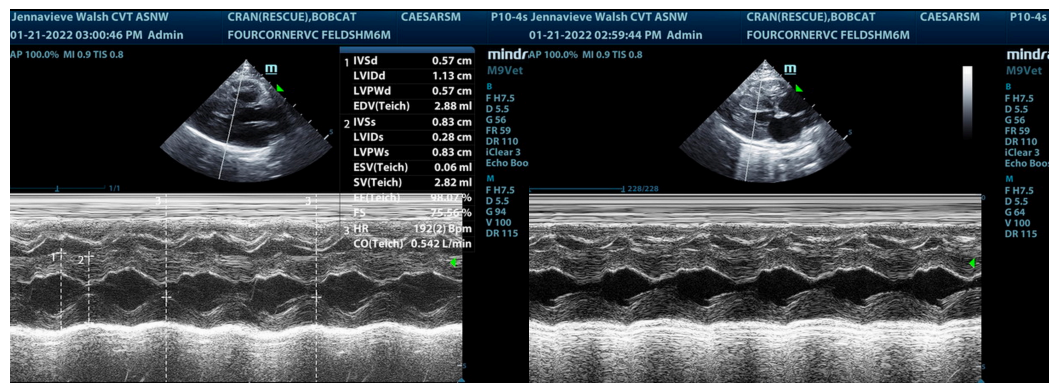
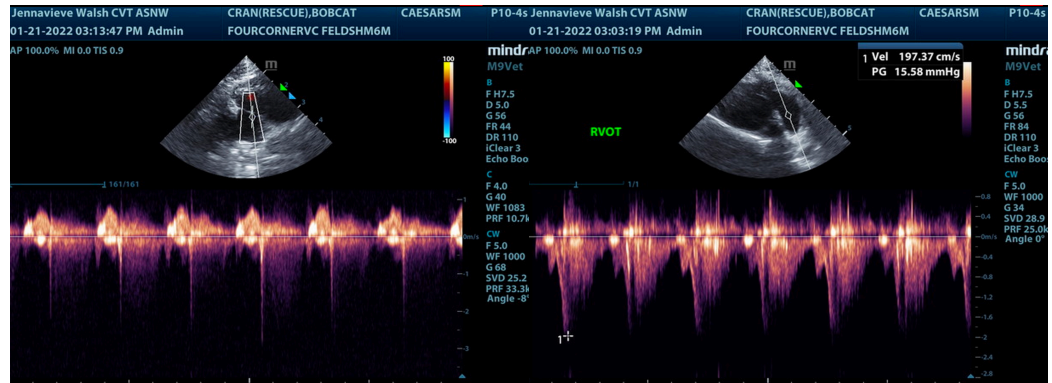
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com