



PATIENT

Tucker Firestone

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 ½ years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

95455

DATE

1/24/22

PRESENTING CLINICAL SIGNS

Tucker is a thirteen year old, MN, DSH cat with a history of grade I/VI systolic heart murmur and an arrhythmia which presented in June 2021. ECG was read by Dr. Machen-Lamy on 6/8/21 and frequent VPCs were present. Referral to a cardiologist for 6 lead ECG was advised. On 6/21/21 a cardiologist performed Tucker's echo and ECG. LA enlargement consistent with restrictive cardiomyopathy was diagnosed. FS=52%, LA/Ao=2.14. Pimobendan, spironolactone, benazepril and clopidogrel were prescribed. Thoracic rads on 9/30/21 showed cardiomegaly but no evidence of heart failure. Tucker was presented today for recheck echocardiogram for monitoring of heart disease Blood pressure today is 160/100, 160/90, 161/97. ECG is attached as a pdf for your information.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 concentric hypertrophy with mild, septal left ventricular outflow impingement by the ventricular septum. Regional hypokinesis was noted with generalized hypercontractility. Mild **myocardial** remodeling was noted. **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 **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **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.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	11.5 lbs	NM	0.65	1.47	0.51	65	94
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	1.74	1.52	1.6	1.2	1.2	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							



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ULTRASONOGRAPHIC FINDINGS

Hypertrophic or restrictive cardiomyopathy with borderline left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of heart failure at this time. Given the borderline elevated systolic blood pressure Amlodopine can be considered (assuming there is no perceivable white coat effect at the time of blood pressure measurement). Otherwise, I recommend continuation of the current protocol of Pimobendan, Spironolactone and Benazepril and Clopidogrel. Target respiratory rate < 20/minute. Recheck echocardiogram is recommended in 3-6 months or earlier if tachypnea is an issue.

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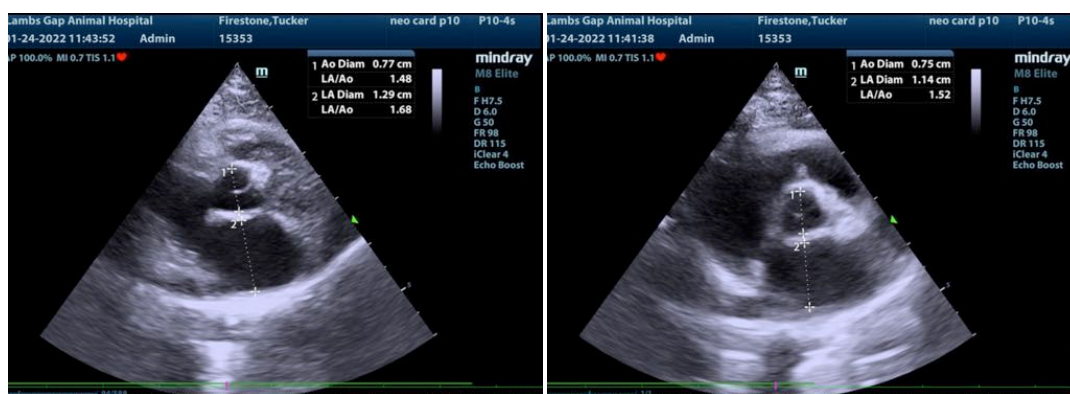
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AGE

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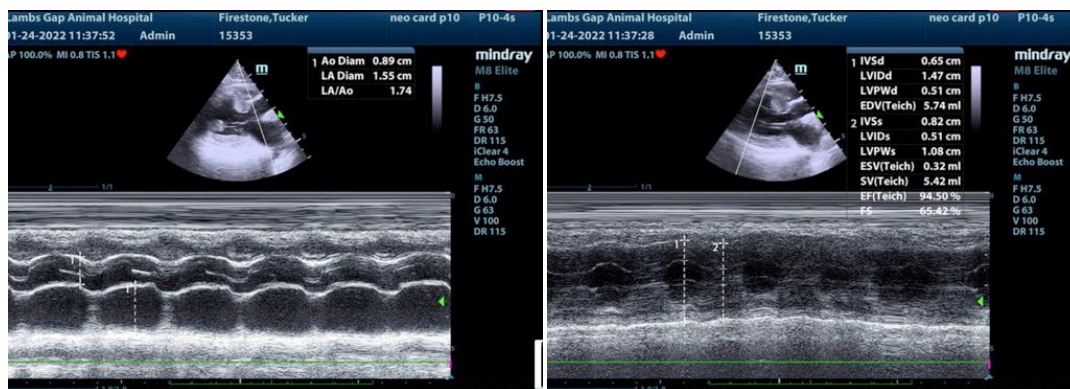
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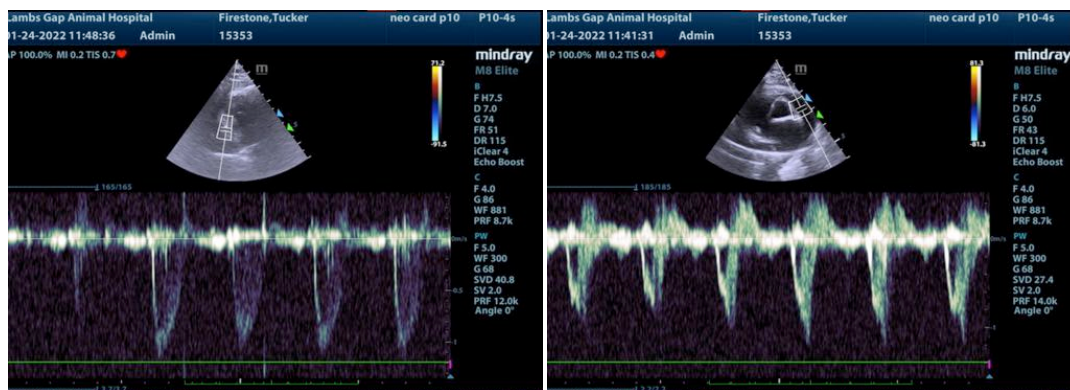


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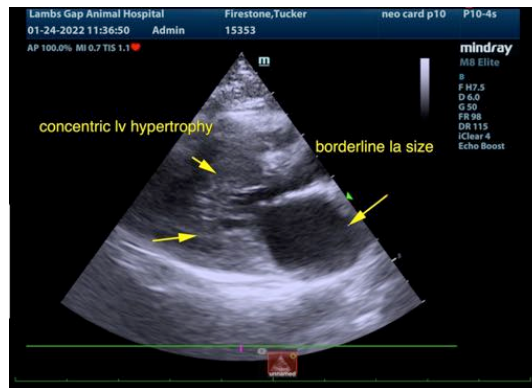
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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