



## PATIENT

Sammy Joss

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

5.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. McFarlen

## HOSPITAL NAME

Van Isle VH

## REFERRING VET

Dr. McFarlen

## INVOICE

42364

## DATE

1/27/23

## PRESENTING CLINICAL SIGNS

History: Been seen at two prior clinics in last couple years. 2 episodes (separated by 2-3 years) of falling over, reduced mentation, legs splayed, flaccid paralysis like in first one, tongue hanging out, then full recovery within minutes. No hx of heart murmur or gallop rhythm. After first episode in 2020, previous vet thought maybe a thrombus type episode and Rx Plavix. On 1 ml SID of liquid Plavix for reducing potential thrombus (if any). No other meds. O monitored RRR of 16 at home recently. Diet is weight control as used to be very obese. indoors only.

Abnormal PE/Chem/CBC/UA Results: Patient given 0.2 mg/kg of both midazolam and torbugesic IM

## 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 normal thicknesses with linear contour and was not dilated nor restricted. 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 **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. The patient was tachycardic during the exam.

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	5.2 kg	NM	0.5	1.2	0.5		
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	1.2	1.3		NM	1.0	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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Sammy Joss

**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram or periodic tachycardia.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

EKG is indicated. There was no evidence of structural or functional cardiac disease; however, arrhythmogenic cause of the clinical signs cannot be ruled out.

**BREED**

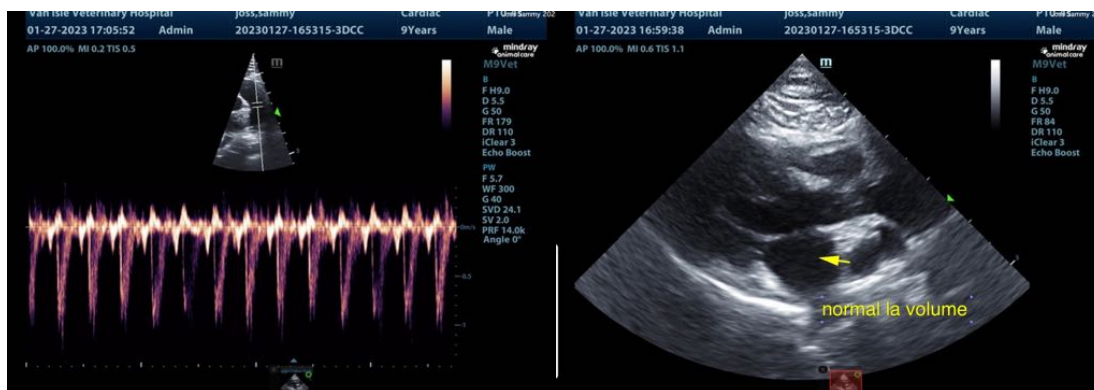
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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