



PATIENT PRESENTING CLINICAL SIGNS

Spaz McVeigh Loud murmur. Pre dental.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

14 years

WEIGHT

2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Dr. Keeler

INVOICE

95603

DATE

1/28/22

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened and vegetative with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. Systolic anterior motion was noted in this patient with dynamic obstruction of the left ventricular outflow tract. Septal impingement was noted upon the left ventricular outflow tract. Concentric hypertrophy was present with hypercontractility. This is consistent with hypertrophic cardiomyopathy and is currently compensated. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

| 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 | | NM | 0.6 | 1.31 | 0.65 | | |
| 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 | 1.4 | 1.2 | 1.6 | 5.8 | 2.09 | 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 | | | | | | | |

ULTRASONOGRAPHIC FINDINGS

Hypertrophic cardiomyopathy with fixed and dynamic obstruction.
Left ventricular remodeling. Stable at this time.



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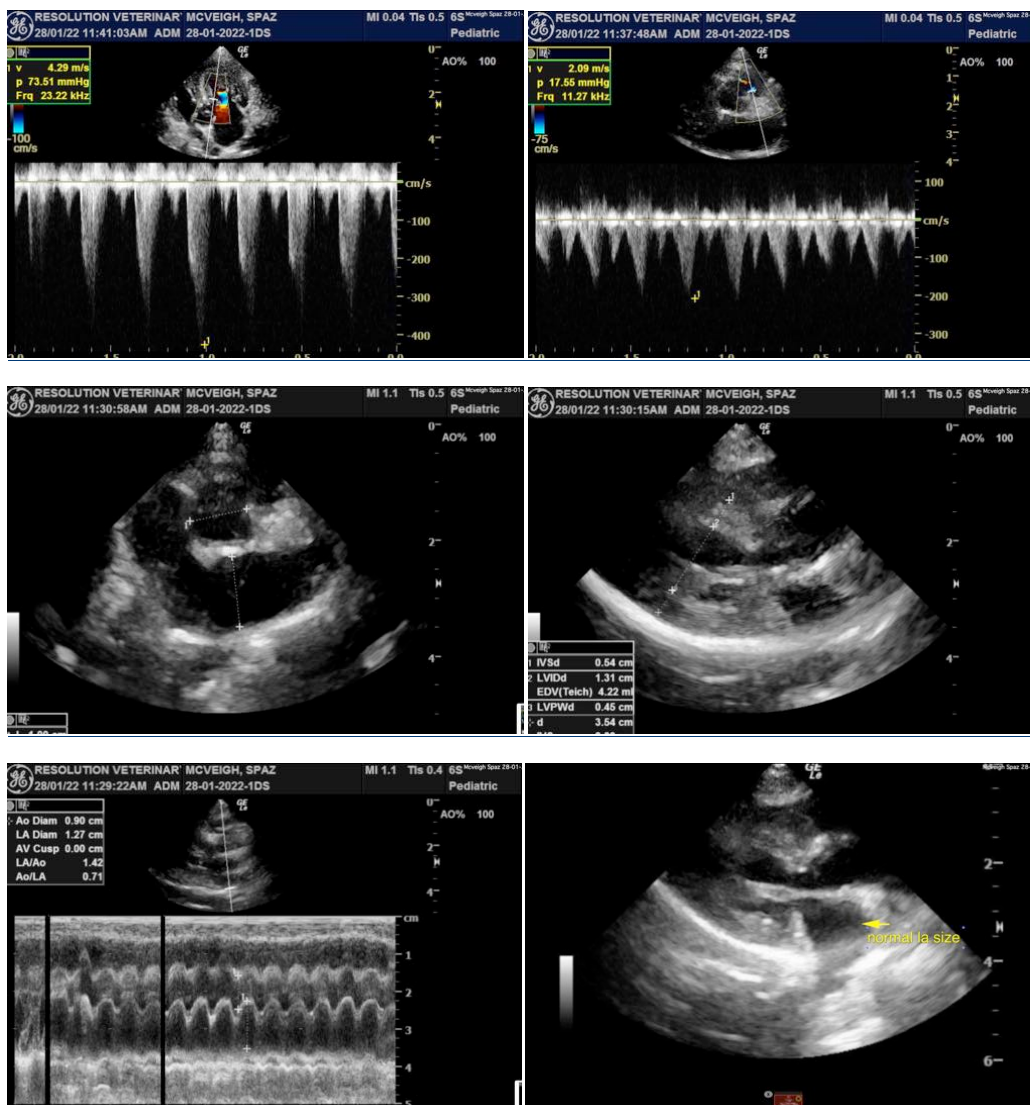
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend Atenolol therapy at 6.25 mg b.i.d. to reach a target heart rate of less than 180. There is no evidence of heart failure. Mild anesthetic risk in this patient. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. Recheck echocardiogram is recommended in 6 months or earlier if any clinical signs initiate such as exercise intolerance. Blood pressure measurements and thyroid assessment is warranted if not already performed. If the patient is stable on Atenolol therapy after a week then anesthetic risk is minimized.



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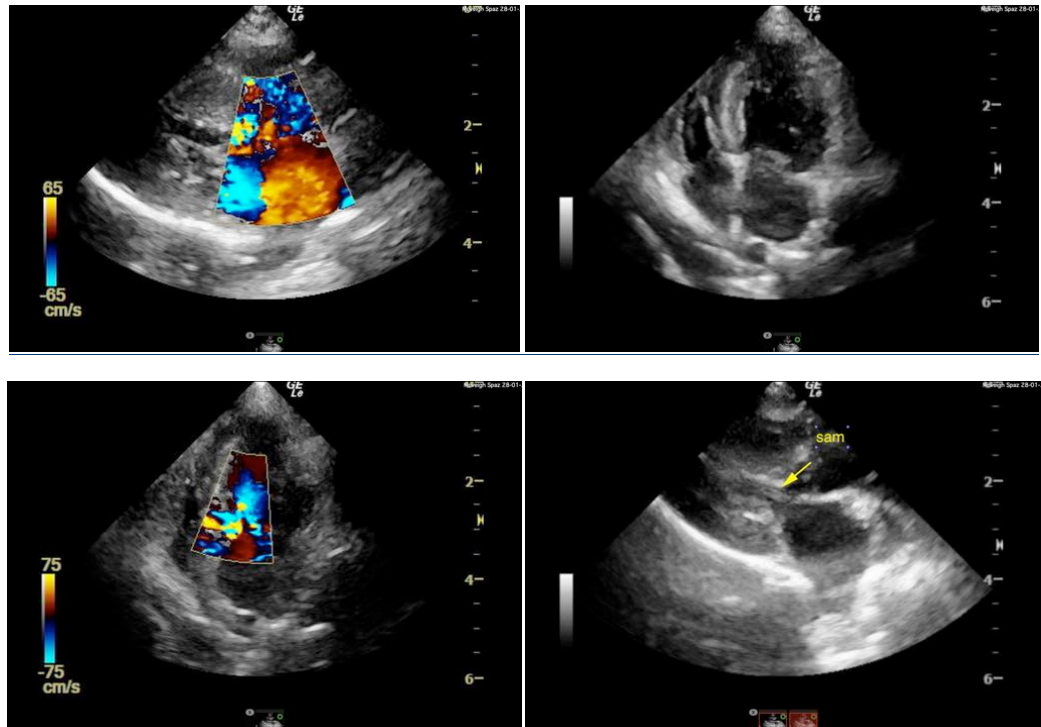
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

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.

HOSPITAL NAME

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info@SonoPath.com

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