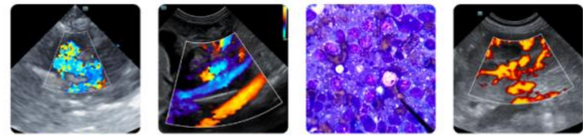


PATIENT

Princess Wood

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.31 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Angstrom

INVOICE

35247

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Cardiovascular: grade 2/6 L parasternal heart murmur on auscultation. Disc. possible echo before pet under anesthesia for dental.

Abnormal PE/Chem/CBC/UA Results: HR 130, RR 40, BP 194, 194, 194, 186- cuff # 2 right front.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	5.31 lbs	NM	0.57	1.7	0.55	50	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.3	--	1.4		1.30	1.00	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

E wave velocity: 0.9, EPSS: 0.1

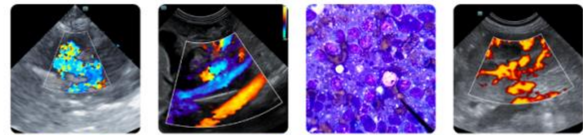
Cardiac Presentation

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 with some insufficiency noted on Doppler. Sectorial hypertrophy of the left ventricular septum was noted with some impingement on the left ventricular outflow tract. 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.

ULTRASONOGRAPHIC FINDINGS

- Minor form of hypertrophic cardiomyopathy with minor mitral insufficiency
- No evidence of volume overload or pressure overload

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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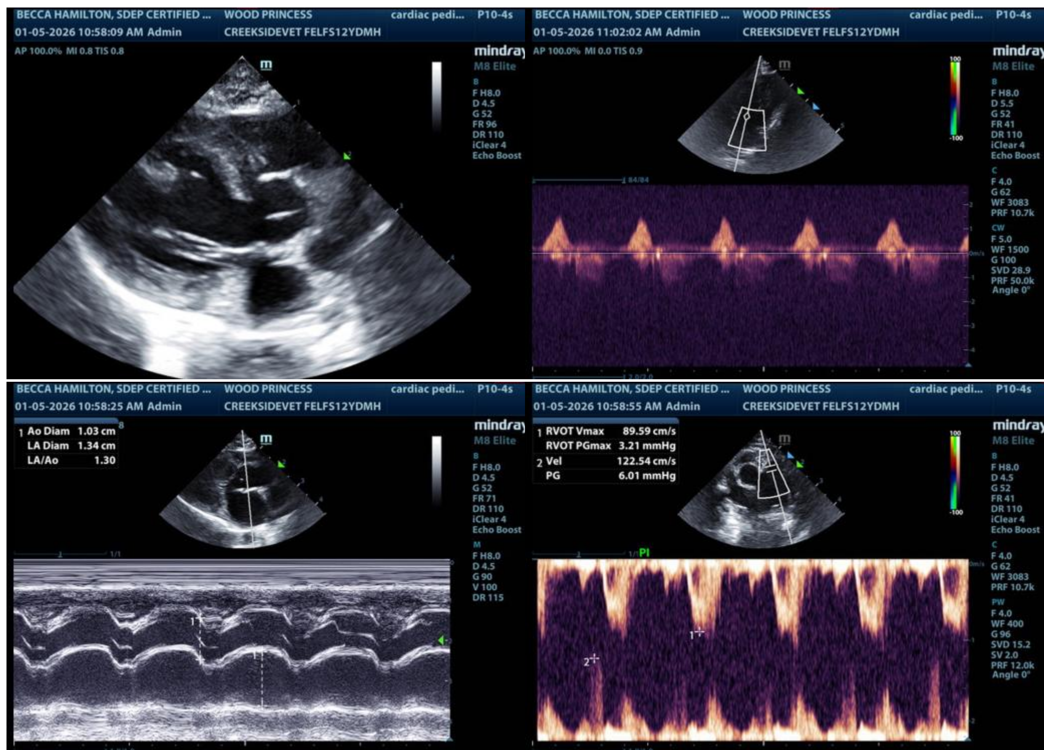
Other causes of left ventricular hypertrophy, in addition to minor form of hypertrophic cardiomyopathy, include temporary myocardial thickening/TMT, which may be owing to systemic causes, yet there is no evidence of clinical disease at this time.

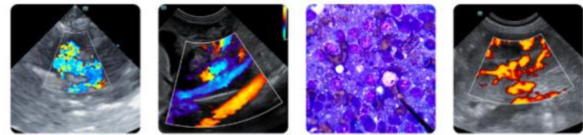
Blood pressure and thyroid assessment are warranted. Antihypertensive therapy is warranted if the systolic blood pressure elevations were present and taken without a white coat effect. If the patient was agitated at the time of the sonogram, serial blood pressures can be taken after 20 minutes of butorphanol injection to alleviate the white coat effect and ensuring blood pressures are taken during in a quiet white coat negative environment.

No overt contraindication to anesthetic procedure, as long as blood pressures are reduced under 160 systolic. Torbutrol (premed), propofol (induction) and isoflurane (maintenance) is the recommended anesthetic protocol.

Recheck echo in 6-12 months, earlier if clinical signs initiate, yet there is no evidence of significant clinical disease at this time.



Animal Sounds NW
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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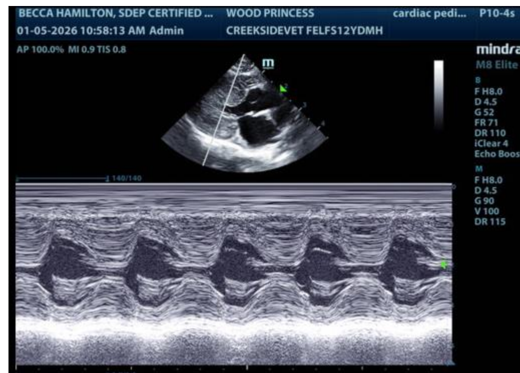

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com