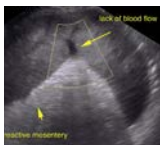
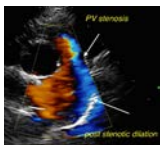
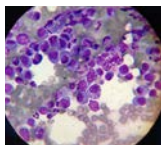
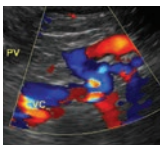
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Molly Fuller

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15 Years 11 Months

WEIGHT
5.7 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jolee Stegemoller

HOSPITAL NAME
North Idaho AH

REFERRING VET
Dr. Talitha Neher

INVOICE
42071

DATE
10/13/22

PRESENTING CLINICAL SIGNS

month-long hx of wheezing, increased resp effort, gradual weight loss, decreased activity

Abnormal PE/Chem/CBC/UA Results: unremarkable labs 04/202 BP readings 09/29/22: 176/131; MAP 145 HR 212. Normal after starting amlodipine on 10/13. PE: increased respiratory effort x month, chronic weight loss, wheezing, carpal hyperextension

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		200	0.5	1.57	0.7	--	--
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	1.1	1.3	1.23		--	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

Cardiac Presentation

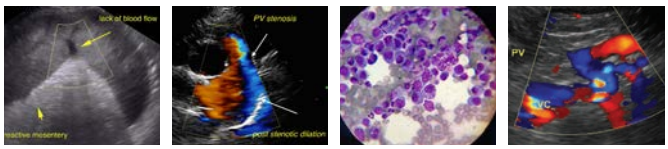
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Slight thickening of the **left ventricular** free wall noted. Left ventricular papillary muscle appeared to be excessively thickened. **Myocardial** remodeling noted with echogenic myocardial changes. Regional myocardial infarcts noted, yet compensated at this time **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 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. Trivial **tricuspid** insufficiency noted at 1.5 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Myocardial remodeling, compensated

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of volume overload or clinically significant disease. The clinical signs are not cardiac related in this patient. Primary respiratory protocol and abdominal sonogram recommended to assess for



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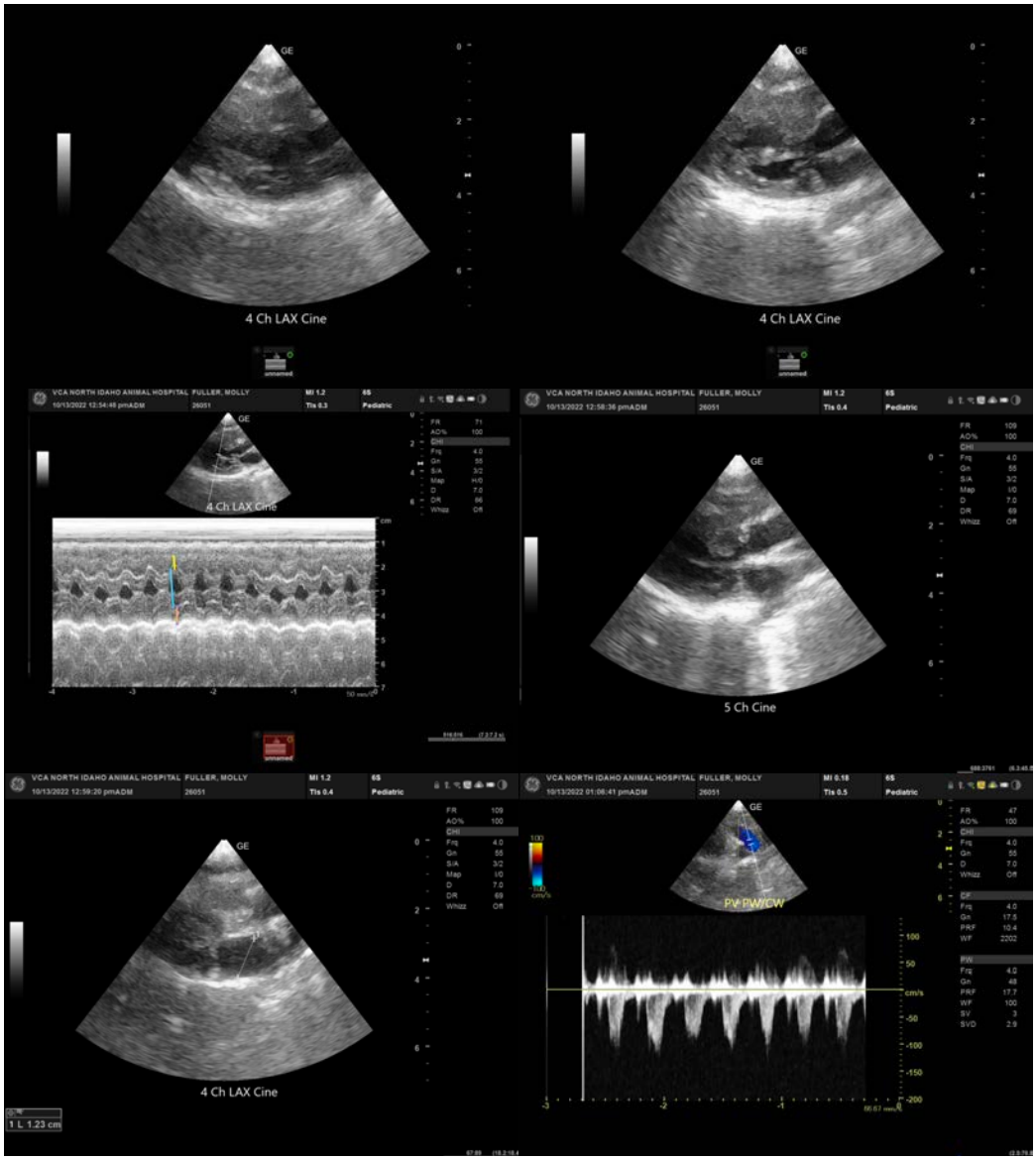
comorbidities that may be playing a role.



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