



PATIENT PRESENTING CLINICAL SIGNS

Max Ashcraft

Patient has 2/4 sternal to left sided heart murmur, rest of PE is unremarkable Primary Question/Differential to Be Answered in This Exam Does patient have concurrent cardiac pathology causing risk for general anesthesia and spay?

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

Intact Female

AGE

25 Weeks

WEIGHT

2.77 kg

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		229	0.49	1.11	0.49	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	1.08	1.1		2.0	0.93	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							

INTERPRETED BY

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IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Banfield North Eugene

REFERRING VET

Dr. Harvey

INVOICE

42732

DATE

11/15/22

Cardiac Presentation

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 ventricular septum was slightly thick, and a very small ventricular septal defect was noted in this patient. This does not appear to be pathological at this time. 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** insufficiency noted at 1.6 m/sec. 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.

ULTRASONOGRAPHIC FINDINGS

- Trivial tricuspid insufficiency
- Very small ventricular septal defect – may close on its own.



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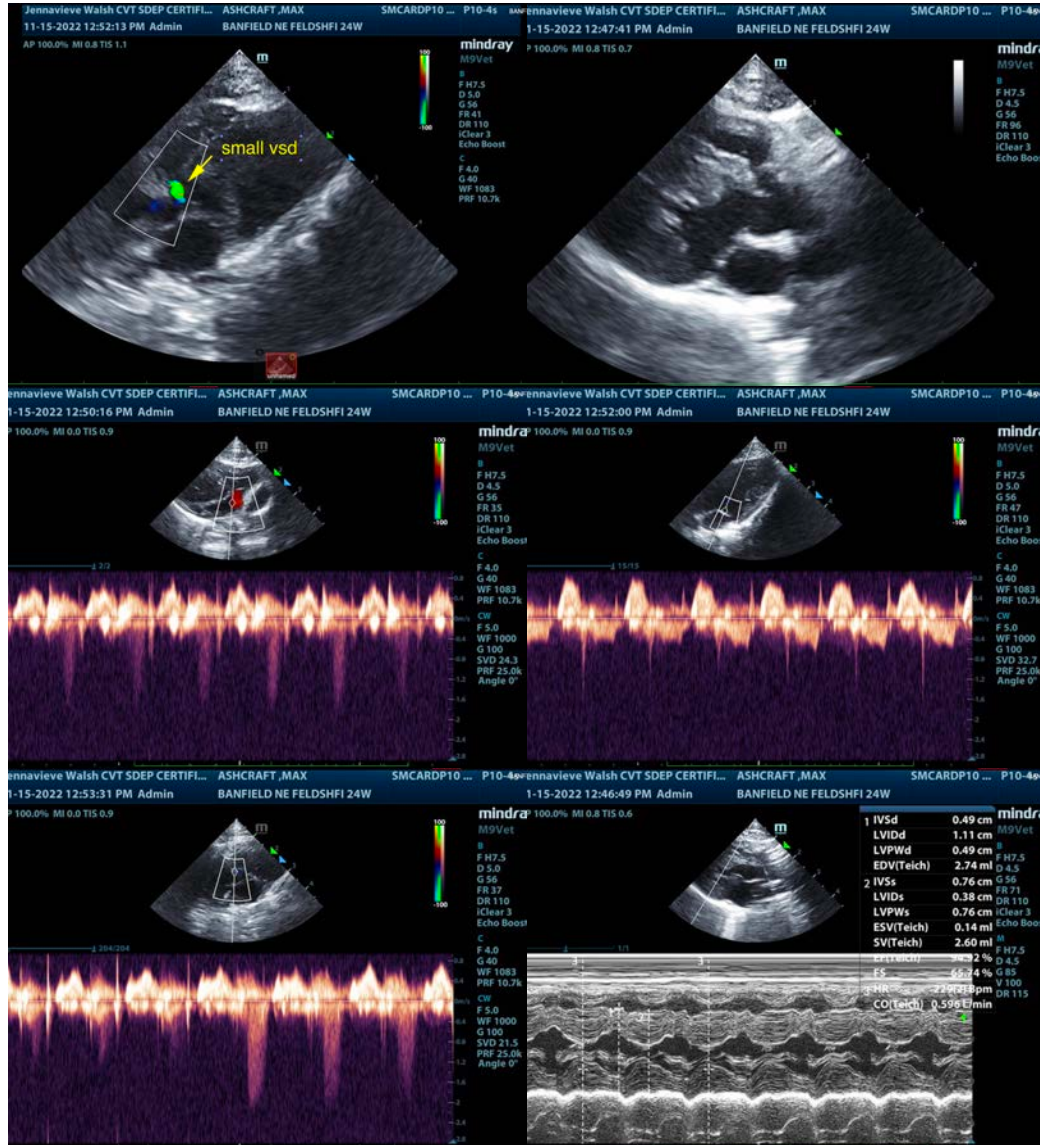
Banfield North Eugene

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt contraindication to anesthetic procedure. Torbutrol pre-med, Propofol induction, Isoflurane maintenance recommended. Recheck sonogram at 9-12 months of age to assess any progression or regression, as this defect may close on its own.



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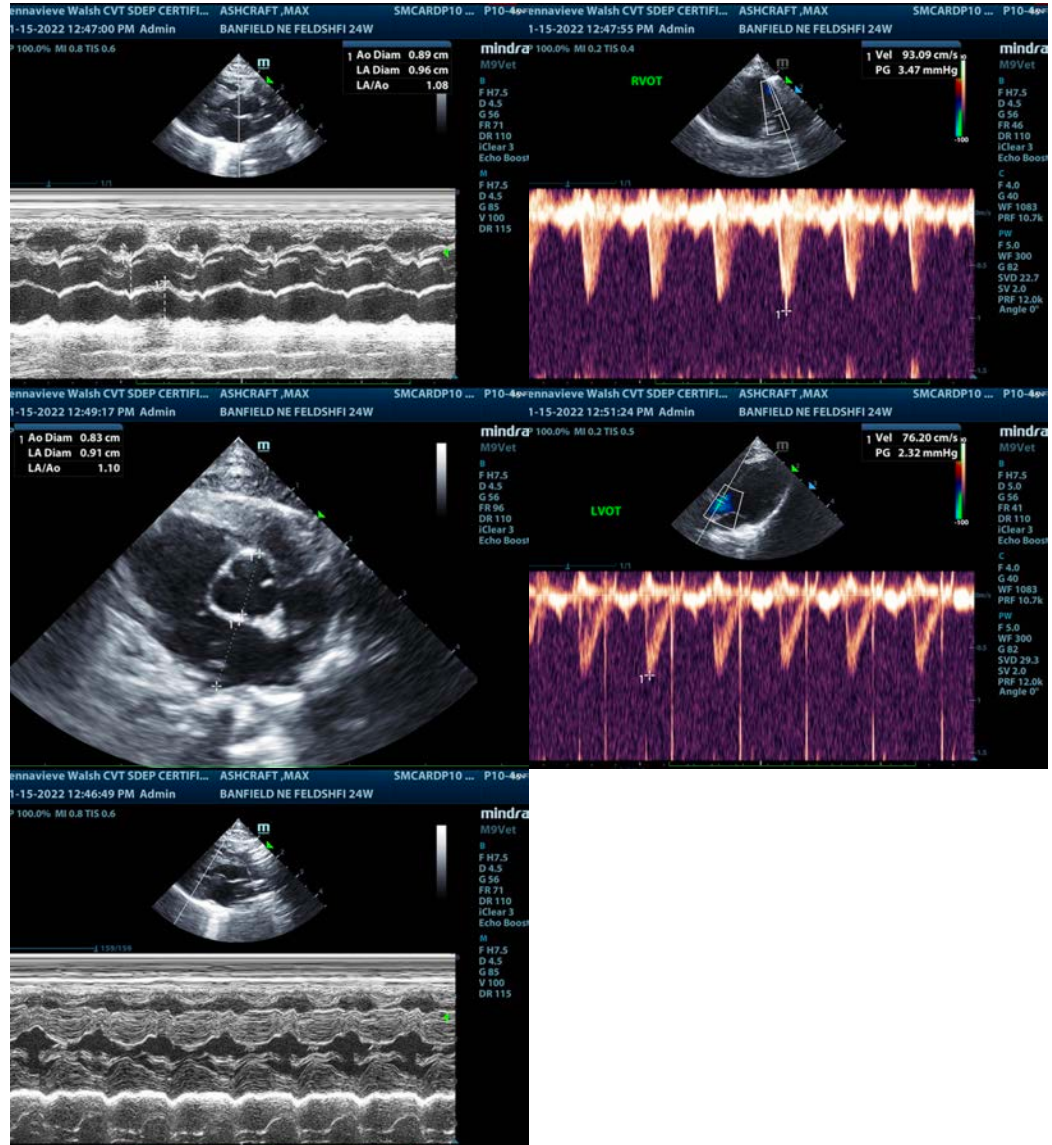
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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