



PATIENT

Waleed Mezna

SPECIES

Feline

BREED

Persian X

SEX

Male

AGE

Male

WEIGHT

4.46 kg

PRESENTING CLINICAL SIGNS

The patient was presented with hyporexia. Grade 3 HM was heard in the left hemithorax, parasternal and right hemithorax regions. The murmur was heard first about an year ago. Echocardiography was done along with other abdominal ultrasound and blood test. Abdominal ultrasound and blood test were normal.

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		230	0.3	1.32	0.5	44	79
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	1.3	1.48		1.49	1.5	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

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Inam ul Haq

HOSPITAL NAME

City Vet Clinic Alain

REFERRING VET

Dr. Inam ul Haq

INVOICE

42730

DATE

11/15/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** insufficiency noted. Structurally, the mitral valve presented normal apposition and contour. 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. Color flow assessment at the LVOT exceeded Nyquist limits, this is normal for cats and not pathological. The spectral assessment of the LVOT is normal. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency noted. 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 mildly tachycardic.

ULTRASONOGRAPHIC FINDINGS

- Essentially normal echocardiogram with trivial mitral insufficiency and minor tricuspid insufficiency, not clinically significant.
- Mild tachycardia



PATIENT

Waleed Mezna

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially flow murmurs. No evidence of clinically significant disease.

SPECIES

Feline

BREED

Persian X

SEX

Male

AGE

Male

WEIGHT

4.46 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Inam ul Haq

HOSPITAL NAME

City Vet Clinic Alain

REFERRING VET

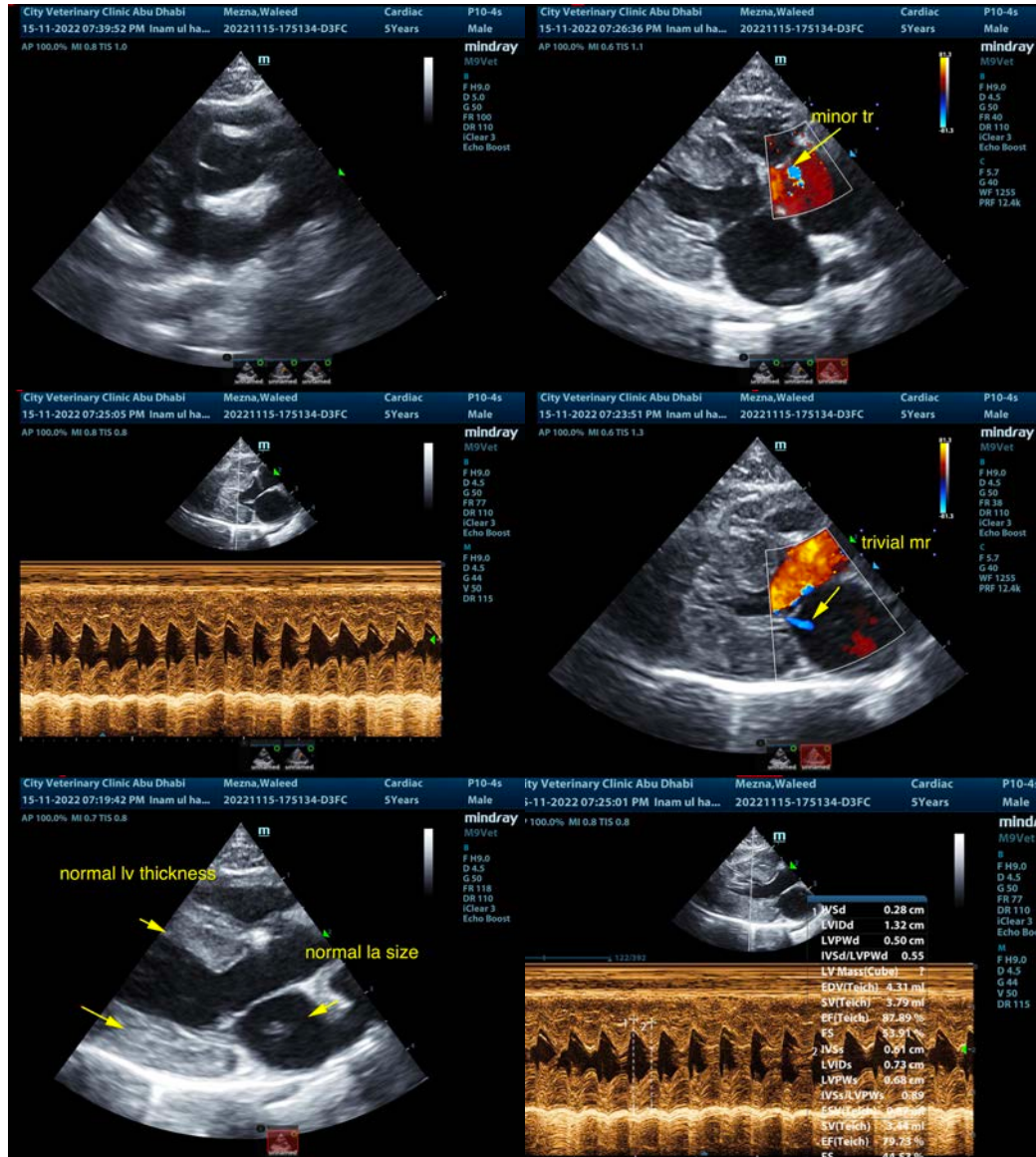
Dr. Inam ul Haq

INVOICE

42730

DATE

11/15/22





PATIENT

Waleed Mezna

SPECIES

Feline

BREED

Persian X

SEX

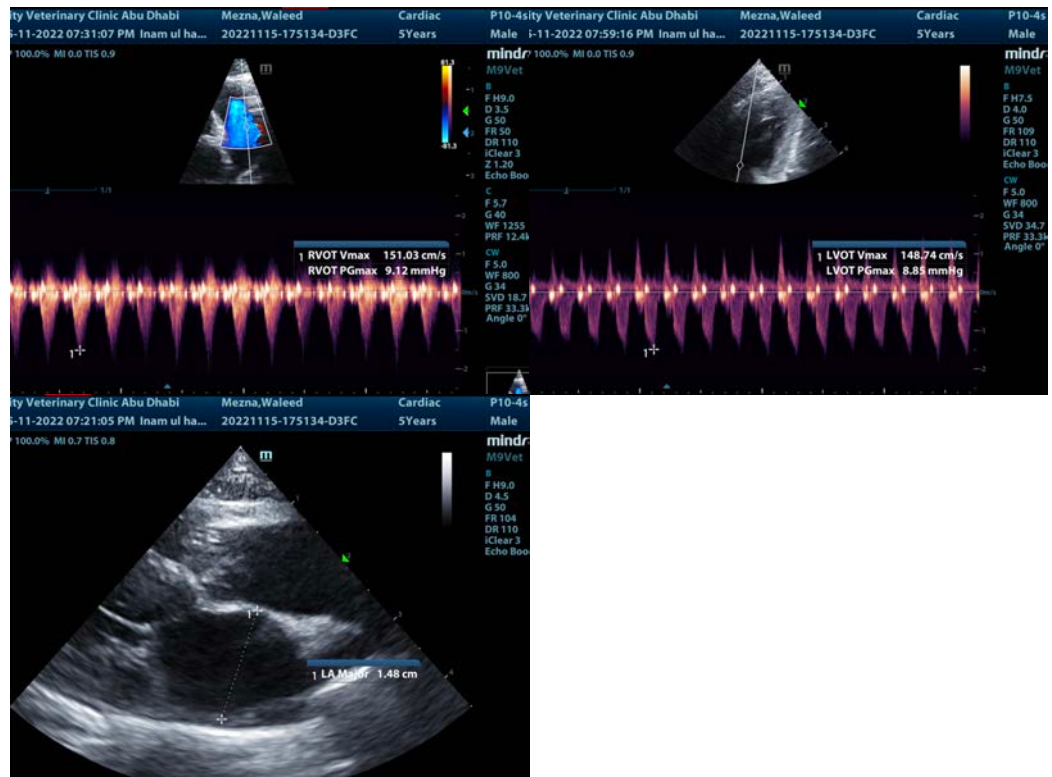
Male

AGE

Male

WEIGHT

4.46 kg



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Inam ul Haq

HOSPITAL NAME

City Vet Clinic Alain

REFERRING VET

Dr. Inam ul Haq

INVOICE

42730

DATE

11/15/22

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