



PATIENT

Garmin Ross

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Advanced VC

REFERRING VET

Dr. Weingartner

PRESENTING CLINICAL SIGNS

History: As detected by Dr. Tatsch on 12/10 - III/VI murmur, bradycardia, intermittent extra beat auscultated. Current meds: onson, convenia
Abnormal PE/Chem/CBC/UA Results: Leukocytosis / left shift, lymphocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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** was at the upper limits of normal in septal and free wall thicknesses. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** internal diameter was normal. There was no evidence of significant myocardial remodeling. 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** valvular assessment demonstrated adequate linear morphology and kinetics. 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. Occasional tachycardic episodes are noted. This is likely owing to excitement. However, EKG is indicated.

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	0.5	1.31	0.58	69	96
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	1.27	1.26	1.46	1.13	1.21	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							

INVOICE

94618

DATE

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ULTRASONOGRAPHIC FINDINGS

Unremarkable heart.
Occasional tachycardic episodes are recommended.



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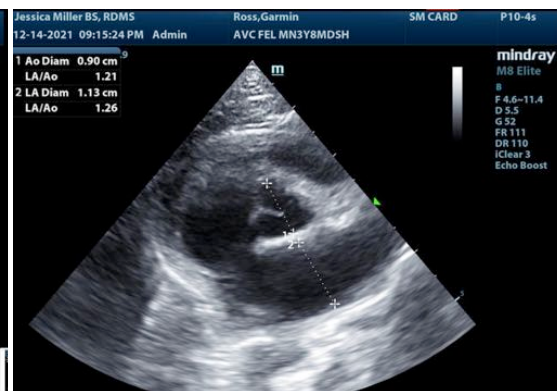
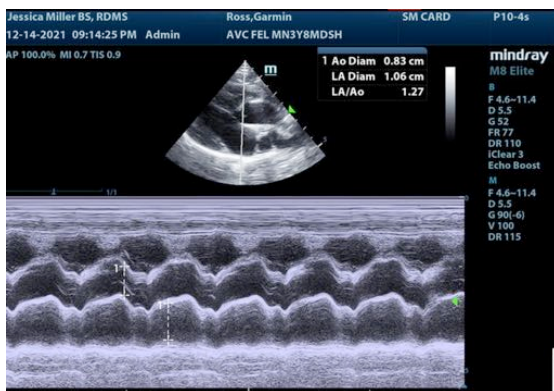
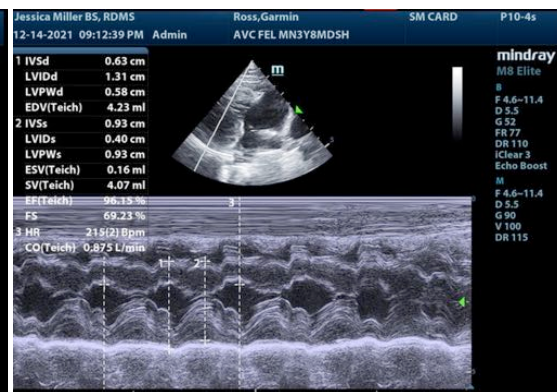
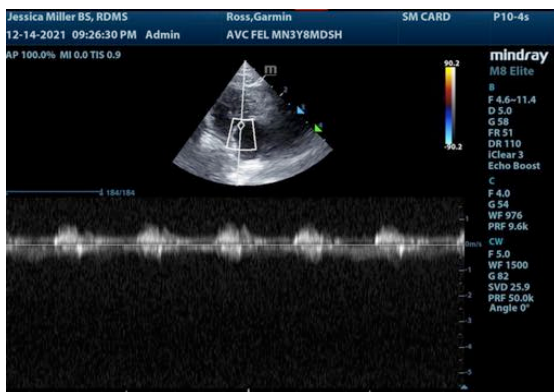
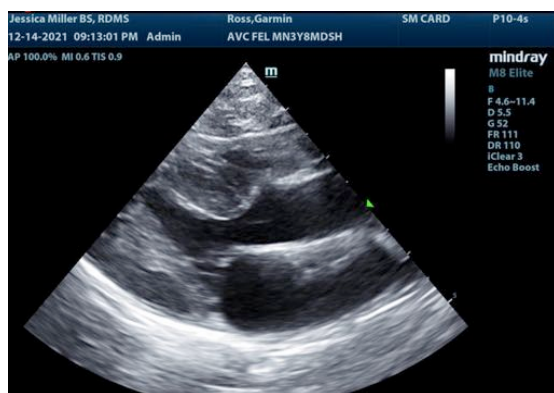
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG is indicated. There is no contraindication to anesthetic procedure if necessary. The exact cause of the murmur is unclear and typical of flow turbulence. No therapy or follow-up is recommended unless clinically indicated. All valvular structures and outflow velocities were free of detectable turbulence.

Benign flow murmurs are common in cats. This may be owing to volume shifts, tachycardia, benign (DRVOTO) right ventricular outflow changes, trivial turbulence in any of the valvular apparatuses, or possibly excessive stethoscope pressure against the chest according to a recent study. These are physiologically benign and unrelated to specific pathology.





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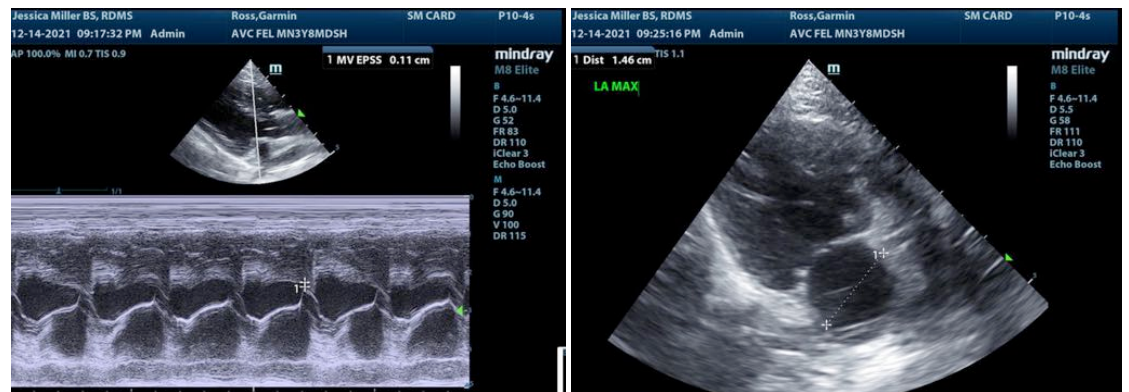
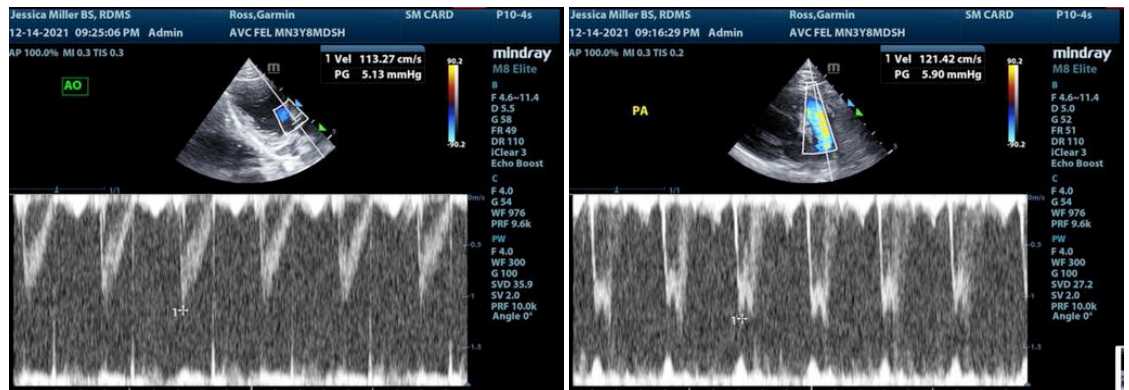
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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