

**PATIENT**

Frida Perlis

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Sheridan

**INVOICE**

42259

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

History: Loud heart murmur. Currently on Clopiogrel transdermal 10mg each ear SID. Suspected thromboembolic event in 2020. Gabapentin PO and Butorphanol IV for sedation.

Abnormal PE/Chem/CBC/UA Results: Heart murmur, systolic Grade 4/6 for several years.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

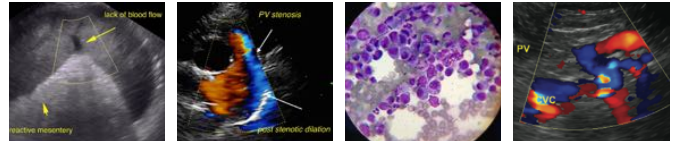
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented essentially normal septal and free wall thicknesses with confirmational abnormality of fixed LVOT obstruction with impingement of the left ventricular septum into the left ventricular outflow tract. There was no systolic anterior motion noted at this time, yet may occur at higher heart rates. Increased **left ventricular outflow** tract velocity was present, yet minor. 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.

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	0.56	1.51	0.55	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	1.15	1.29		2.07	0.89	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							

**ULTRASONOGRAPHIC FINDINGS**

Minor fixed septal LVOT obstruction, minor form of hypertrophic cardiomyopathy. Measurably and functionally normal heart otherwise.

Increased LVOT velocity owing to the septal impingement, not clinically significant at this time.



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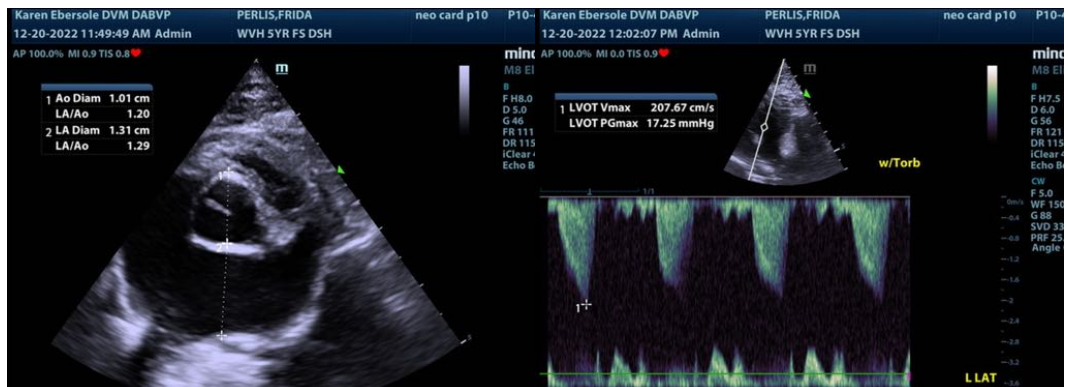
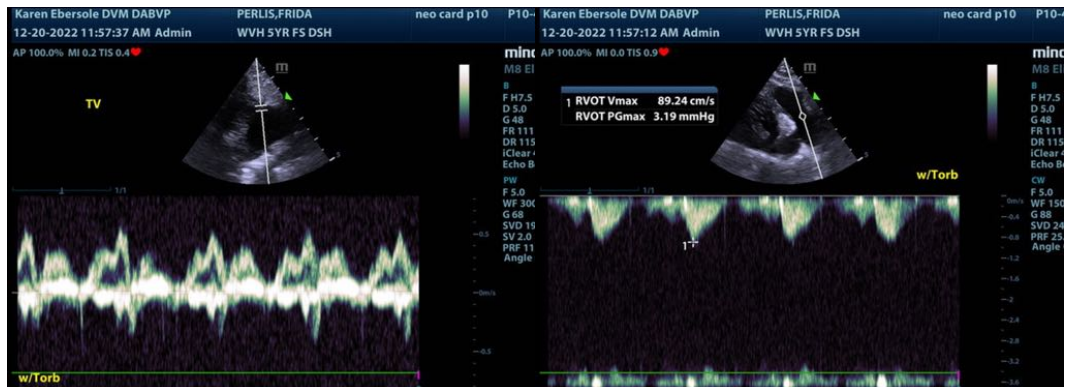
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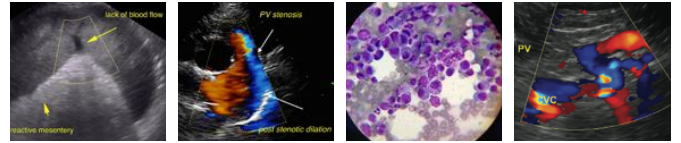
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If thromboembolic disease is present I do not believe that there is a cardiac cause of potential thromboembolic episodes. Confirmation of a thrombus would be recommended with imaging of the iliac trifurcation with color Doppler if suspected. No cardiac medications are recommended at this time unless exercise intolerance is an issue or persistent tachycardia is an issue >200 then Atenolol therapy can be considered. However, this is debatable on whether it is absolutely necessary in this patient. This is a common normal variant and structurally the heart appears unremarkable without evidence of volume overload, smoke or other pathology.





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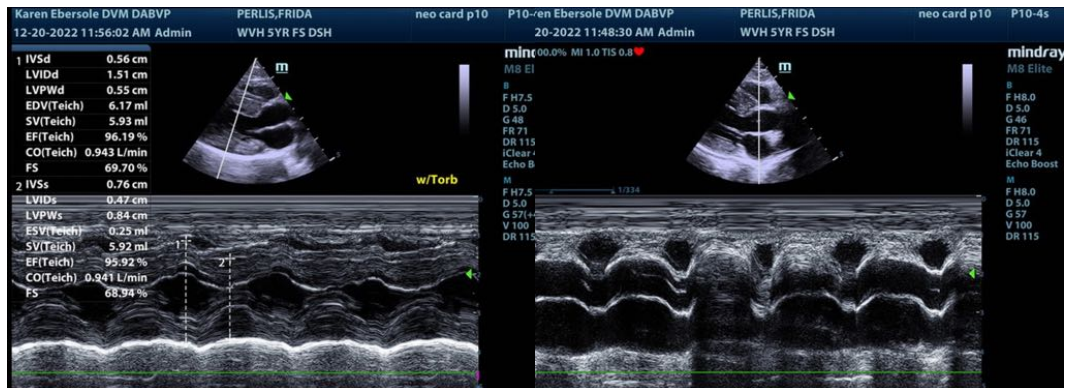
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com