



PATIENT PRESENTING CLINICAL SIGNS

CK Long History: Found Christmas Eve as a stray.

SPECIES Abnormal PE/Chem/CBC/UA Results: Upper resp infection CBC - non-regenerative anemia
Neutrophilia, monocytosis Creatinine - 0.4 Glob - 5.4 K+ - 3.0 T4 - 5.1 Grave IV/ VI sternal murmur
BCS 3/9

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

5 Lbs.

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	1.2	0.5	30	--
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	1.3		1.2	--	--	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

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Adrienne Waffle

INVOICE

13212

DATE

12/28/21

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. The **left ventricle** presented 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 of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** was slightly enlarged without hepatic vein dilation. Minor right sided cardiac enlargement. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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). A comet tail lung pattern was noted indicative of alveolar disease.

ULTRASONOGRAPHIC FINDINGS

- Minor right sided enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

CK Long

The cause of the murmur is unclear, likely flow murmur owing to anemia. No evidence of structural disease. Primary respiratory disease should be investigated. Abdominal sonogram warranted to assess cause of anemia.

SPECIES

Feline

Flow murmurs can be caused by volume shifts, anemia, excitable/tachycardic state, DRVOTO (Dynamic Right Ventricular Outflow Obstruction), or even simple stethoscope pressure upon clinical exam.

BREED

DSH

These flow murmurs are typically benign and may develop often later in life theoretically owing to age related clinically insignificant changes of the heart. If the patient is recently clinical for anorexia, weight loss or metabolic disturbances, an abdominal sonogram and full workup may be appropriate to assess underlying clinical systemic causes of a newly developed flow murmur.

SEX

Neutered Male

AGE

15 Years

WEIGHT

5 Lbs.



INTERPRETED BY

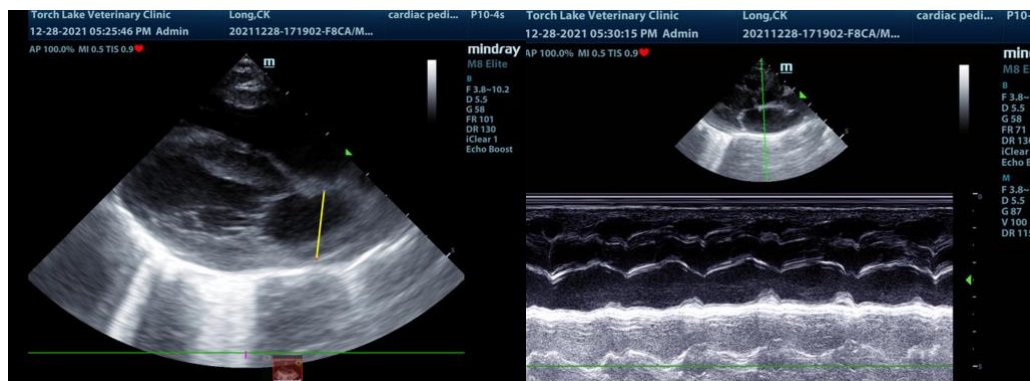
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC



REFERRING VET

Adrienne Waffle

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.

INVOICE

13212

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

DATE

12/28/21

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.