



PATIENT PRESENTING CLINICAL SIGNS

Gomez Shewey Grade 4/6 murmur on left side.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
Feline								
BREED	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
DSH	PATIENT		188	0.62	1.17	0.61	55	89
SEX	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/)	
Intact Male								
AGE	NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
6 Months	PATIENT	1.29	1.2			1.08	1.04	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								

WEIGHT

8 Pounds

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** is technically mildly excessive in wall thickness. However, this should be fully evaluated at one year of age. 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** 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.

ULTRASONOGRAPHIC FINDINGS

- Largely flow murmur, possible emerging hypertrophic cardiomyopathy, yet structurally unremarkable heart with normal function and volumes
- Slight left ventricular hypertrophy

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Aumsville AC

REFERRING VET

Dr. Morrow

DATE

12/30/21

INVOICE

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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gomez Shewey

This is likely a flow murmur or possibility of a very early form of hypertrophic cardiomyopathy. Not clinically significant. No contraindication to anesthetic procedure at this time. No evidence of significant congenital disease. Outflow velocities were all normal with laminar flow in all 4 valvular structures. Recheck echo at full year of age if murmur is persistent.

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. 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.

BREED

DSH

SEX

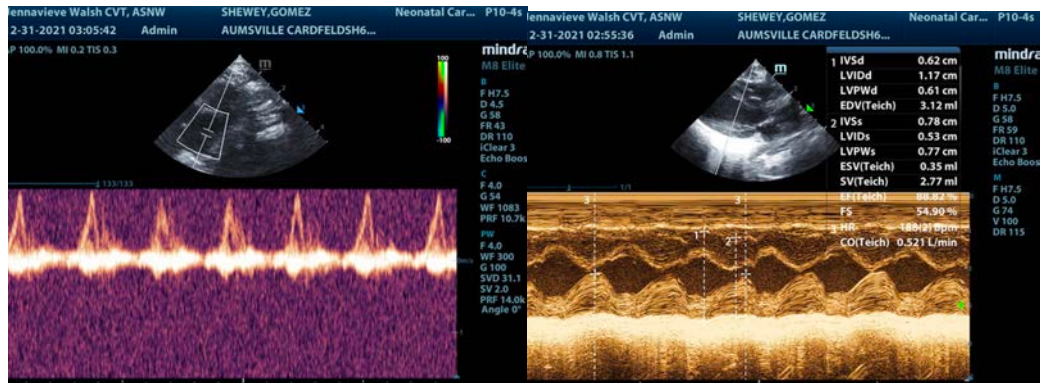
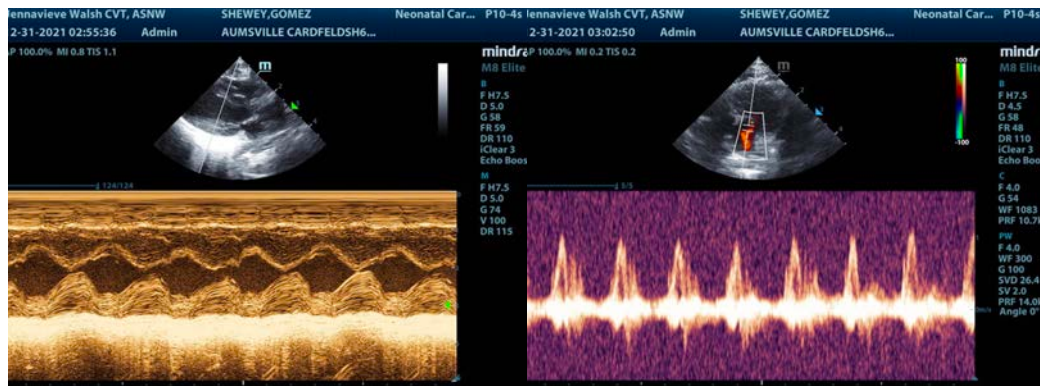
Intact Male

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PATIENT

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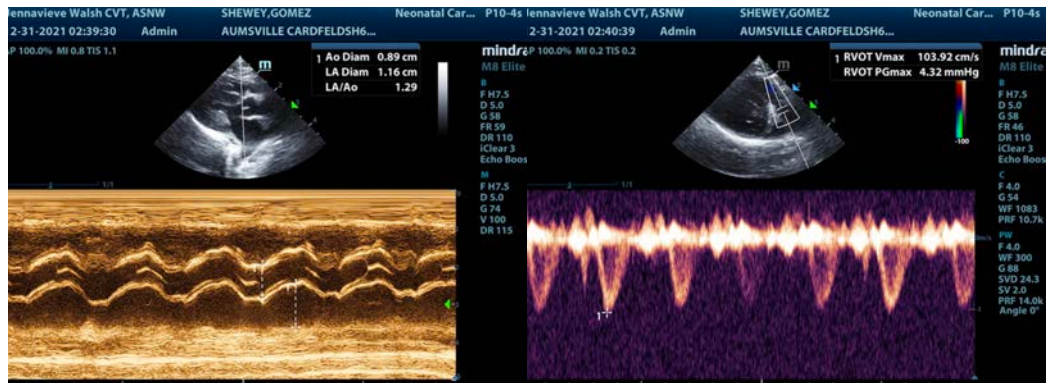
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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