



PATIENT PRESENTING CLINICAL SIGNS

Tucker Morse History: Patient has new heart murmur II/VI, and elevated proBNP. Patient has history of asthma well controlled with prednisolone.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Pro BNP 141 pmol/l Creatinine 2.5 mg/dl, BUN 36 mg/dl. Hb 9.4 g/dl, hematocrit 31 % Heart Rate and Respiratory Rates 172, 54 Current Medications Prednisolone 5 mg eod, Solliquin.

BREED

DLH

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

11.44 Lbs.

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	--	136	0.41	1.62	0.43	43	78
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	1.16	1.2	--	1.00	.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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** insufficiency was noted at 3.0 m/s. Minor myocardial remodeling was noted. **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. Minor trivial aortic insufficiency noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Trivial **tricuspid** insufficiency was noted at 2.0 m/s. 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.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Schroeder

ULTRASONOGRAPHIC FINDINGS

INVOICE

14046

DATE

2/21/22

- Trivial valvular disease
- Structurally normal heart – no evidence of volume overload or clinical disease
- Mitral, tricuspid and aortic insufficiency all present yet very minor, largely idiopathic flow murmurs
- Minor myocardial remodeling



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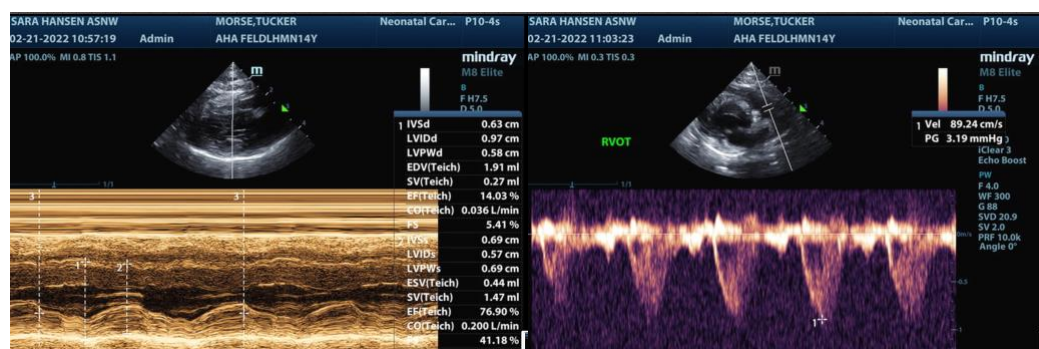
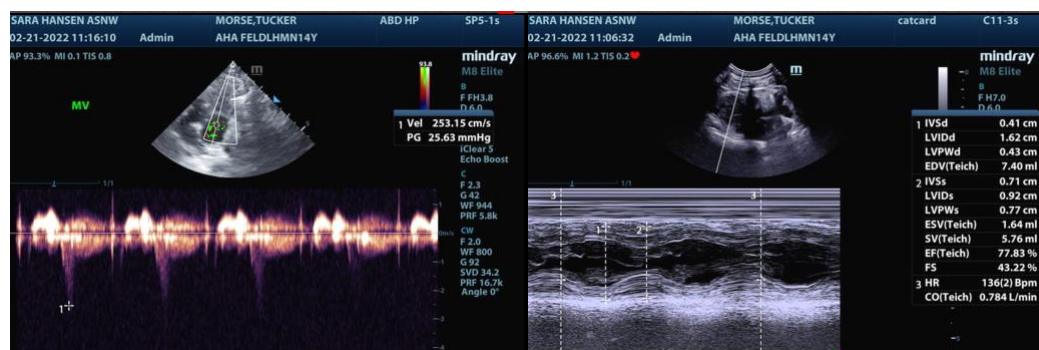
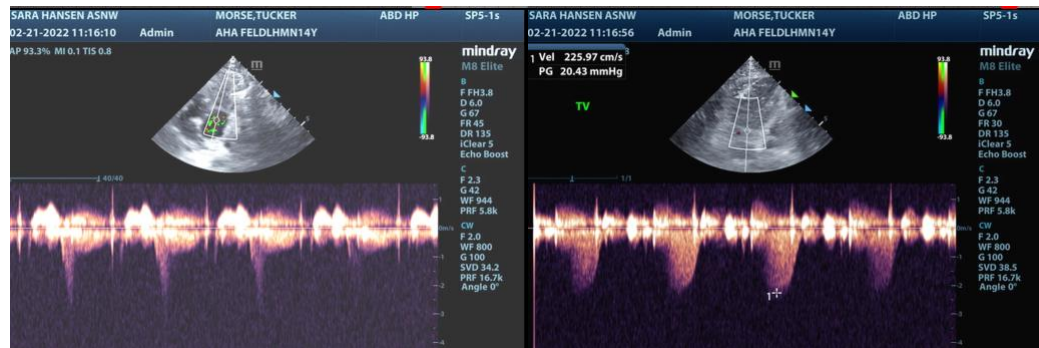
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac therapy recommended. Given the BNP elevation, systemic disease (such as hypertension, hyperthyroidism or infectious agents) should be considered. Recheck echo in 6 months or earlier if clinical signs initiate. Abdominal sonogram would be ideal to assess for primary disease that may be contributing to volume shifts or BNP elevation, especially given the azotemia in the history.





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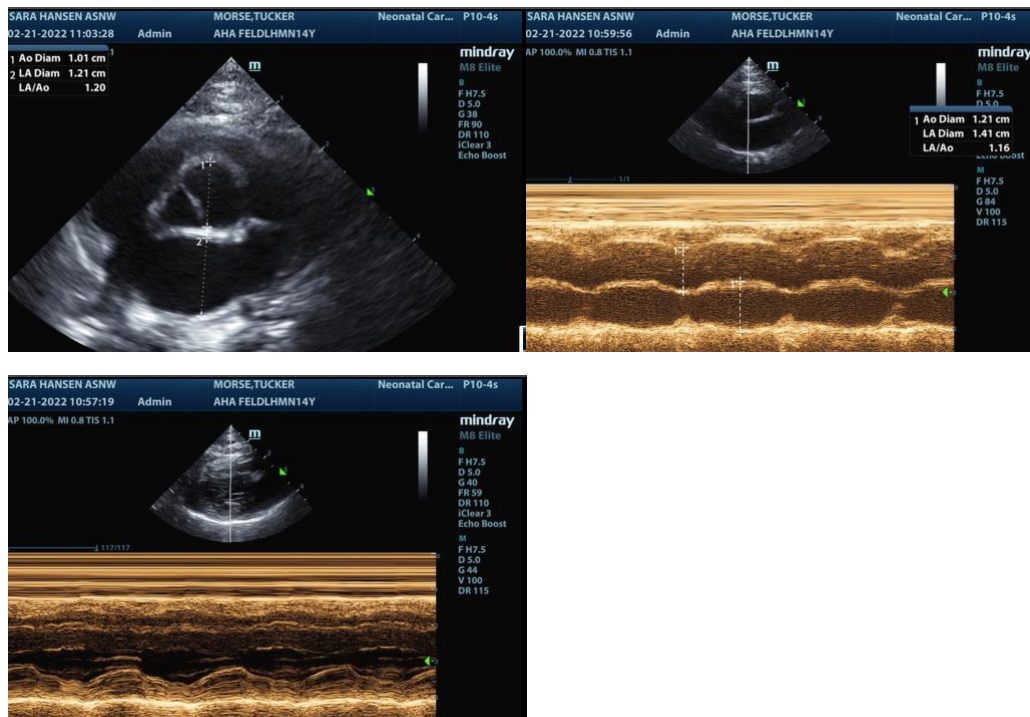
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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