
**PATIENT**

Blue Aburadi

**PRESENTING CLINICAL SIGNS**

Heart murmur. No current meds.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Sphynx

**SEX**

Intact male

**AGE**

4 years

**WEIGHT**

10 lbs

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.0	1.0			0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT		1.10	1.30				

**INTERPRETED BY**
**Cardiac Presentation**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

The right atrium was severely enlarged in this patient, measuring 3.0 cm in width. The left atrial size was normal to subnormal at 0.8 cm. The left atrial and left ventricular volumes were normal to subnormal with large ventricular septal defect noted at the membranous septum, causing volume overload in the right heart. Trivial mitral insufficiency noted yet not clinically significant. Secondary tricuspid insufficiency noted with severe right atrial enlargement. The bidirectional flow noted in the ventricular septal defect is indicative of Eisenmenger's physiology or reversal of flow, owing to equivalent pressures in the right and left heart. Right ventricular hypertrophy noted. Mild increased pulmonic outflow velocity noted, considered compensatory. No pericardial or pleural effusion noted.

**ULTRASONOGRAPHIC FINDINGS**

- Ventricular septal defect with bidirectional flow
- Eisenmenger's physiology
- Right sided volume overload

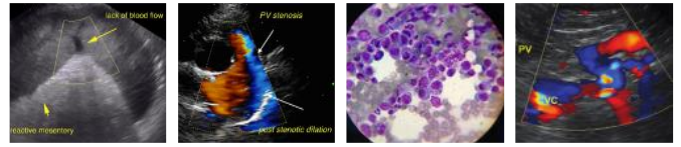
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INVOICE**

14108

**DATE**

2/25/22

Concern for right sided heart failure. Prognosis long term is poor. Assessment for exercise intolerance and tachypnea recommended. Ace-inhibitor (0.5 mg/kg SID) and low dose Lasix (6.25 mg/kg BID) could be considered if clinical signs are present. However, the patient should be monitored for potential hypotension. Eventual off-label use of Pimobendan (0.3 mg/kg BID) may prove fruitful, however, types of treatment are debatable on this type of presentation and vary widely in approach. This is a congenital lesion with secondary emerging right sided heart failure.



**PATIENT**

Blue Aburadi

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Intact male

**AGE**

4 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

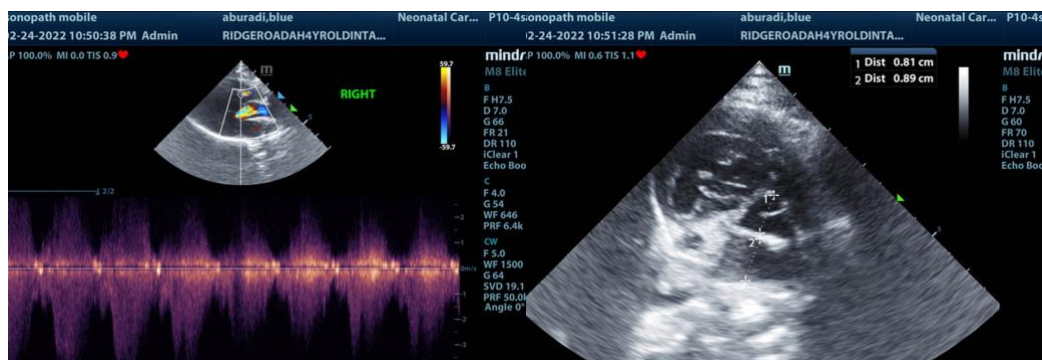
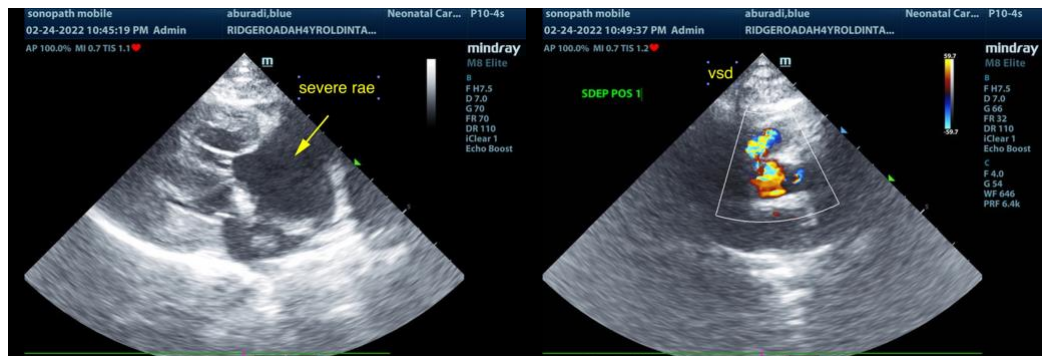
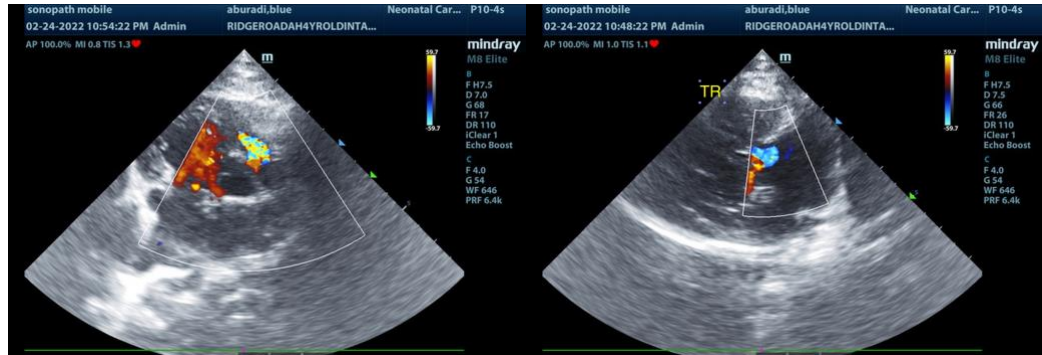
Dr. Pathak

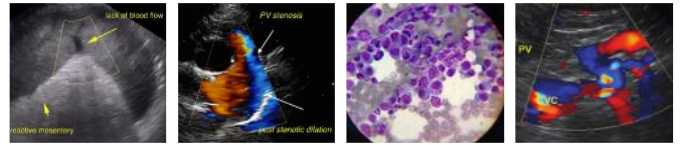
**INVOICE**

14108

**DATE**

2/25/22





**PATIENT**

Blue Aburadi

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Intact male

**AGE**

4 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

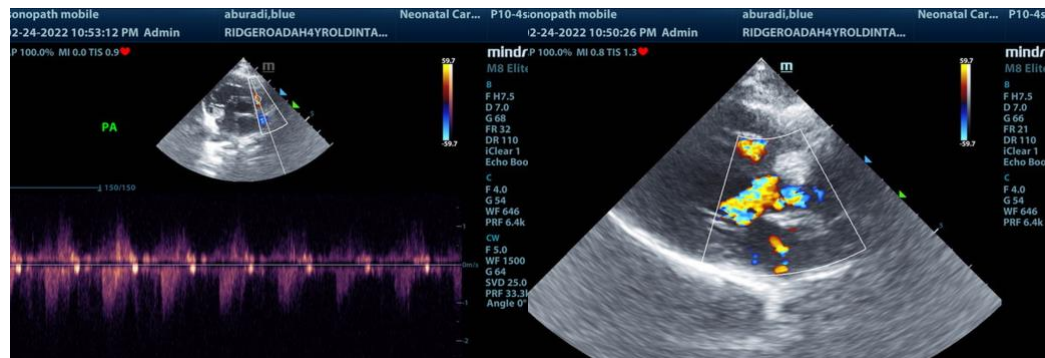
Dr. Pathak

**INVOICE**

14108

**DATE**

2/25/22



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