



PATIENT

Cloudy Fatma

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

6 years

WEIGHT

2.85 kg

PRESENTING CLINICAL SIGNS

History: The cat was diagnosed with tricuspid valve dysplasia in 2021 by another vet. Came for regular follow up today. The cat has severe periodontal disease and want to get an opinion if the cat can be placed under anesthesia, which anesthesia can be preferred

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 normal 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 and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** was significantly enlarged in this patient with a 2:1 ratio with the left atrium in four chamber long axis. The anterior leaflet was elongated and clubbed. The septal leaflet was shortened and tethered. This is consistent with primary tricuspid dysplasia. Significant **tricuspid insufficiency** was noted and measured up to 2.5 m/sec, but may be under estimated. Moderate to severe right atrial enlargement was noted. Concentric **right ventricular** hypertrophy was noted as a compensatory hypertrophied right atrium. 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. The vena cava and hepatic veins were not dilated at this point. There was no evidence of right sided failure. The vena cava at the level of the diaphragm measured 0.35 cm. This can be utilized as a point of reference for potential development of passive congestion if the patient begins to decompensate.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Inam ul haq

HOSPITAL NAME

City Veterinary Clinic
Abu Dhabi

REFERRING VET

Dr. Inam ul haq

INVOICE

42561

DATE

2/6/23

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	2.85 kg	NM	0.32	1.02	0.31	65	95
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	0.94 max	0.97	0.83	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							



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ULTRASONOGRAPHIC FINDINGS

Right atrial and right ventricular dilation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of right-sided failure at this time. There is minor anesthetic risk in this patient. I recommend Torbutrol pre-med, Propofol induction, Isoflurane maintenance and minimal anesthetic time. Recheck is recommended in 6-12 months or earlier if exercise intolerance or abdominal swelling is an issue.

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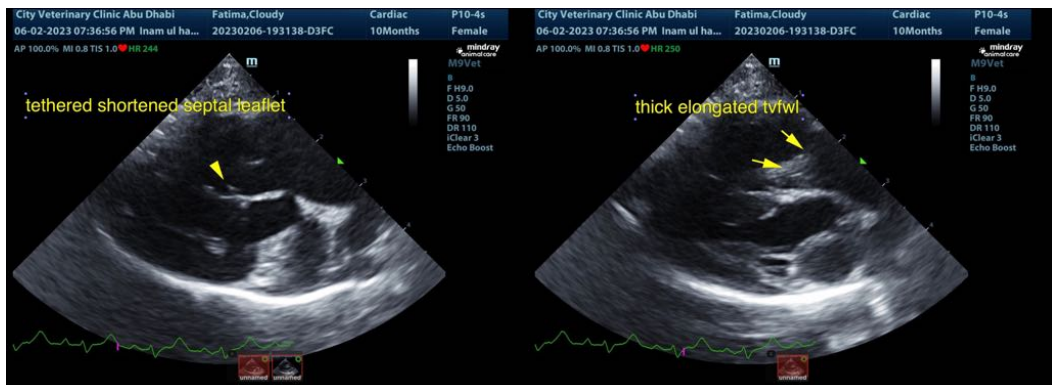
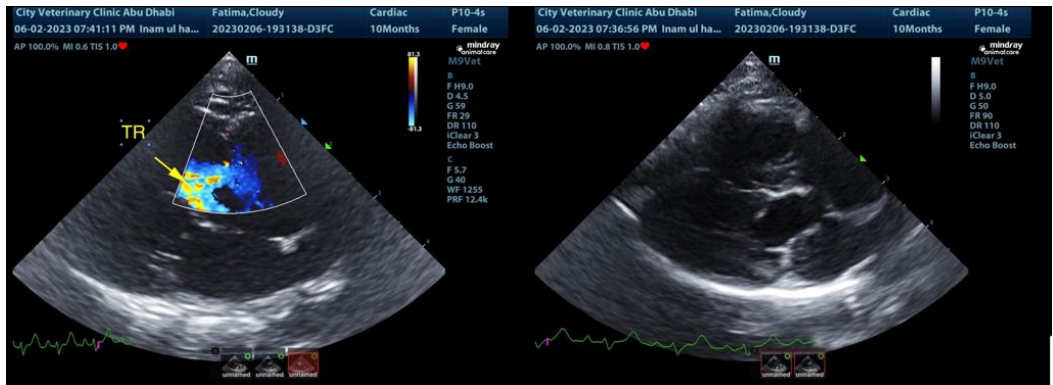
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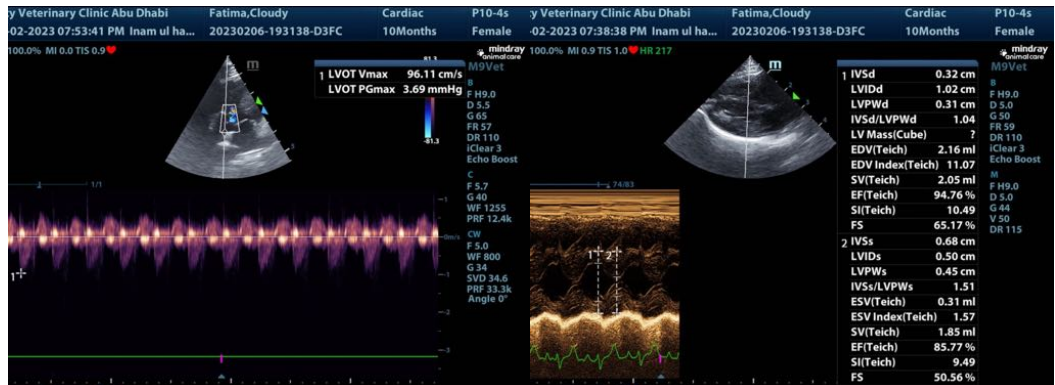
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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