



PATIENT

Puddy Tat Sokol

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 years

WEIGHT

9.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

96762

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Cardiac murmur, abnormal pro-BNP, hypertension. Current meds: Benazepril 2.5mg bid, Amlodipine 0.625mg sid, k/d diet.
Abnormal PE/Chem/CBC/UA Results: PLT > 139, snap pro bnp abnormal, SDMA 17, BUN 37, Creat 2.0. USG 1.014, PH 5.5, 1+ granular casts, protien-neg.

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 minor concentric hypertrophy. 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 revealed mild turbulence. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was noted at 3.5 m/sec. 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. The patient was tachycardic at the time of the sonogram.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	9.4 lbs	226	0.62	1.08	0.6	41	76
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	1.2	1.19					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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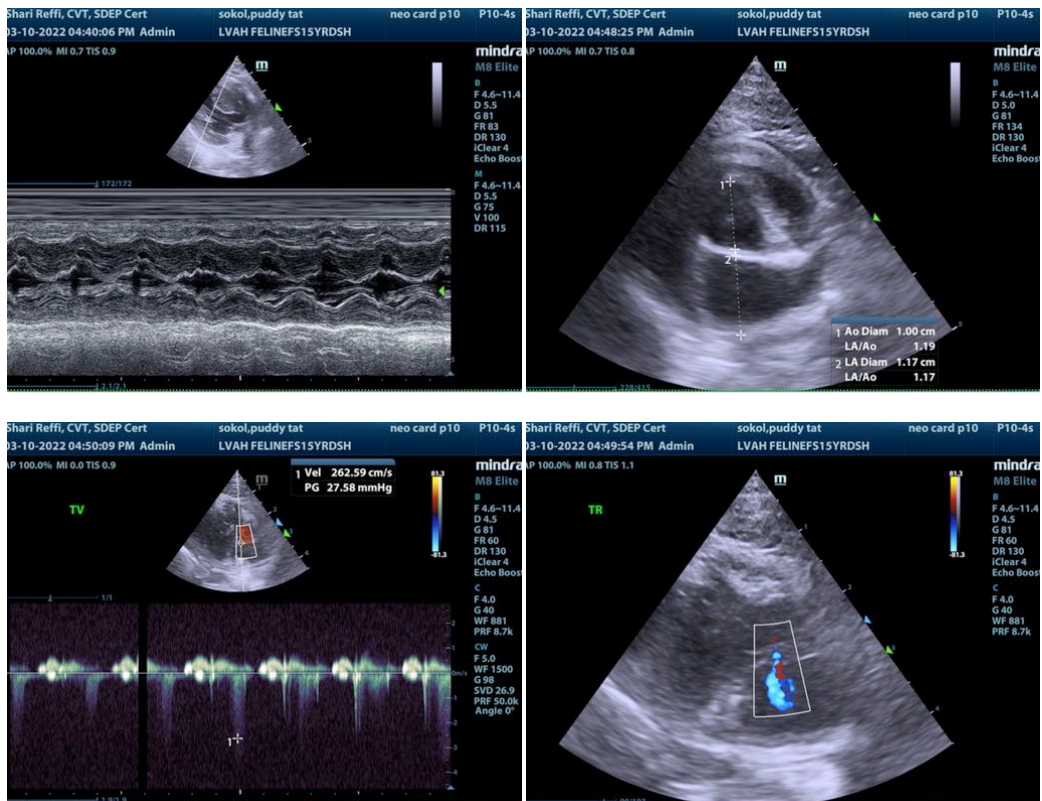
ULTRASONOGRAPHIC FINDINGS

Minor left ventricular hypertrophy. This may be owing to hypertension or hyperthyroidism if present. Otherwise, this is likely a minor form of hypertrophic cardiomyopathy. This is not clinically significant.

Tricuspid insufficiency, compensated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend change from the current protocol. There was no evidence of clinical cardiac disease at this time. The heart is likely an effector organ owing to systemic hypertension at this point. Recheck echocardiogram in a year or earlier if clinical signs initiate. Target systolic blood pressure is less than 160.





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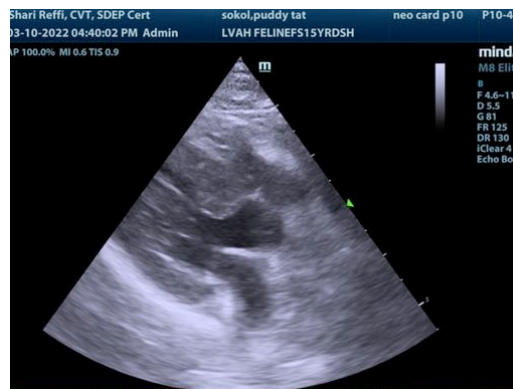
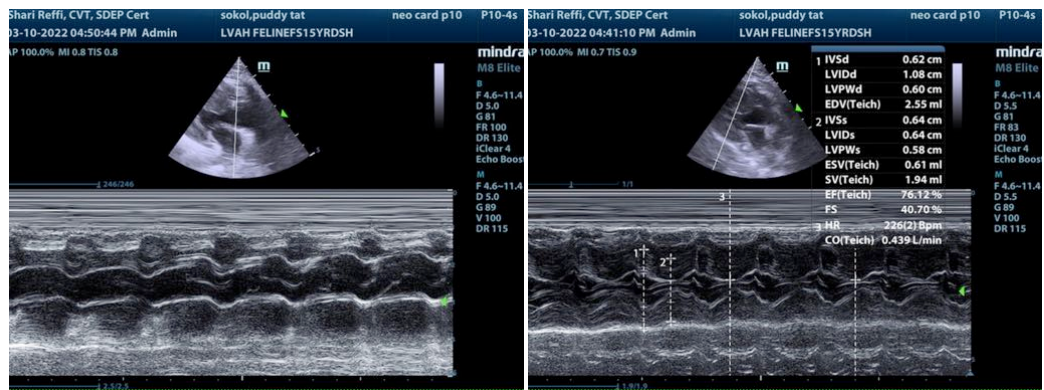
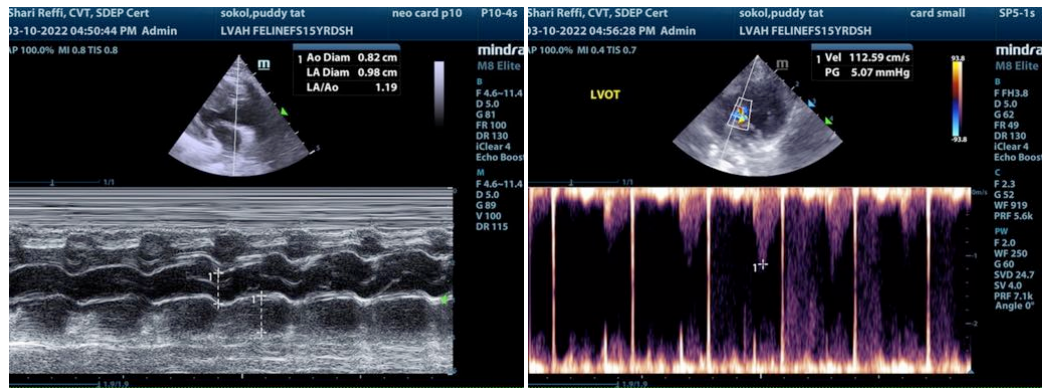
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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