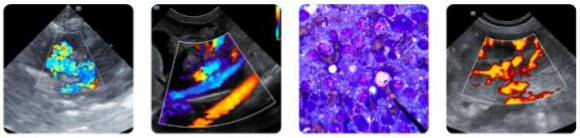

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Suga McCurtain

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 8 Months

WEIGHT

9.18 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Santa Clara Animal Hospital

REFERRING VET

Dr. Malec

INVOICE

14288

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Grade 4/6 parasternal systolic murmur
- Alopecia and diffuse scabbing from flea allergy dermatitis - started Revolution

Abnormal PE/Chem/CBC/UA Results: HR 230, RR 50, BP 172/140 (158), 142/110 (125), 160/108 (143) 158/102(114) 163/124 (138) 179/104 (139)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	9.18	220	0.58	1.4	0.64	50	90
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.28	1.3	--		4.0	1.0	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

E-wave velocity: 0.9

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 with mild thickening and insufficiency measuring 6.0 m/s. The **left ventricle** presented sectorial hypertrophy. Mild myocardial remodeling was present. **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 **aortic velocity** was mildly elevated. 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

- Stable cardiomyopathy with sectorial hypertrophy and myocardial remodeling.

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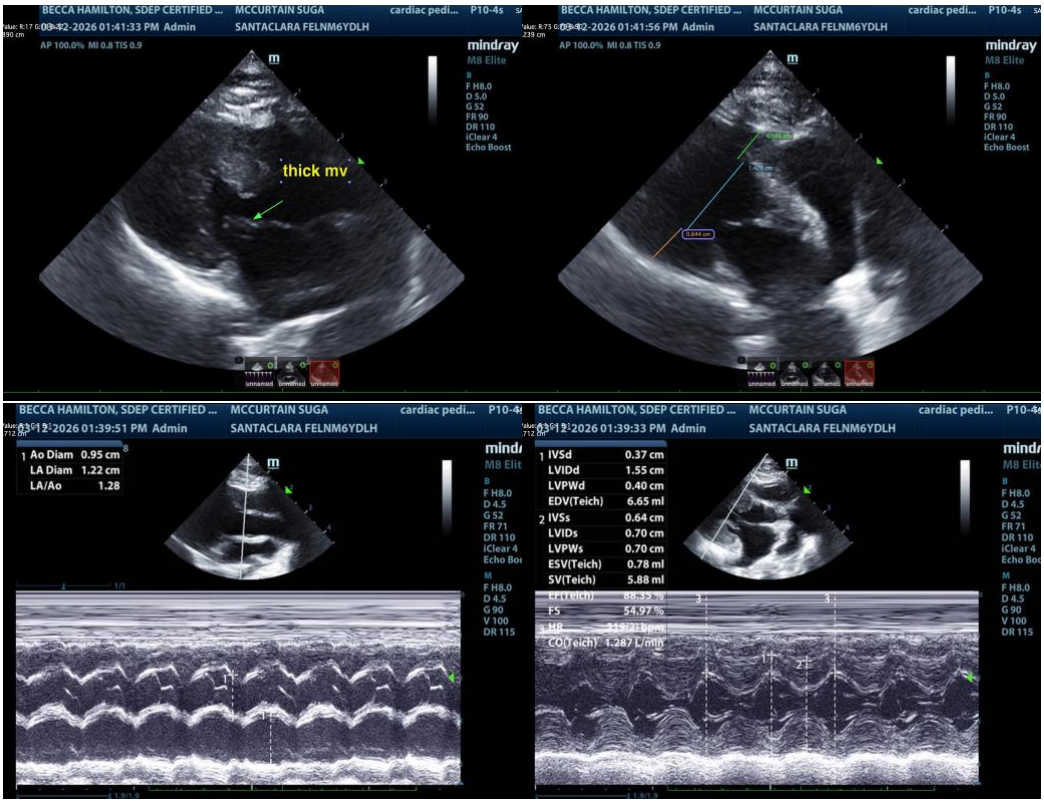
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the ventricular septal and free wall measurements are not significantly thickened, there is remodeling and sectorial hypertrophy of the left ventricle consistent with myocardial remodeling and likely a progressive form of cardiomyopathy given the mitral valve insufficiency and increased LVOT velocity.

Given the hypertension noted in this patient, antihypertensive therapy may be appropriate unless the patient was excited during the exam, rechecking the blood pressures after Torbutrol injection and ensuring white count effect is not a factor, may be appropriate. If any exercise intolerance is an issue, then Atenolol therapy could be considered however it is debatable on whether it is necessary at this point.

There is no overt dynamic obstruction present. No evidence of primary congenital disease. Monitoring blood pressures, thyroid levels and any evidence of exercise intolerance would be indicated in this patient. Recheck echo in one year if no clinical signs are present.



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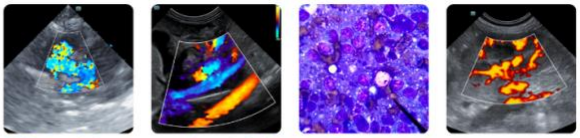

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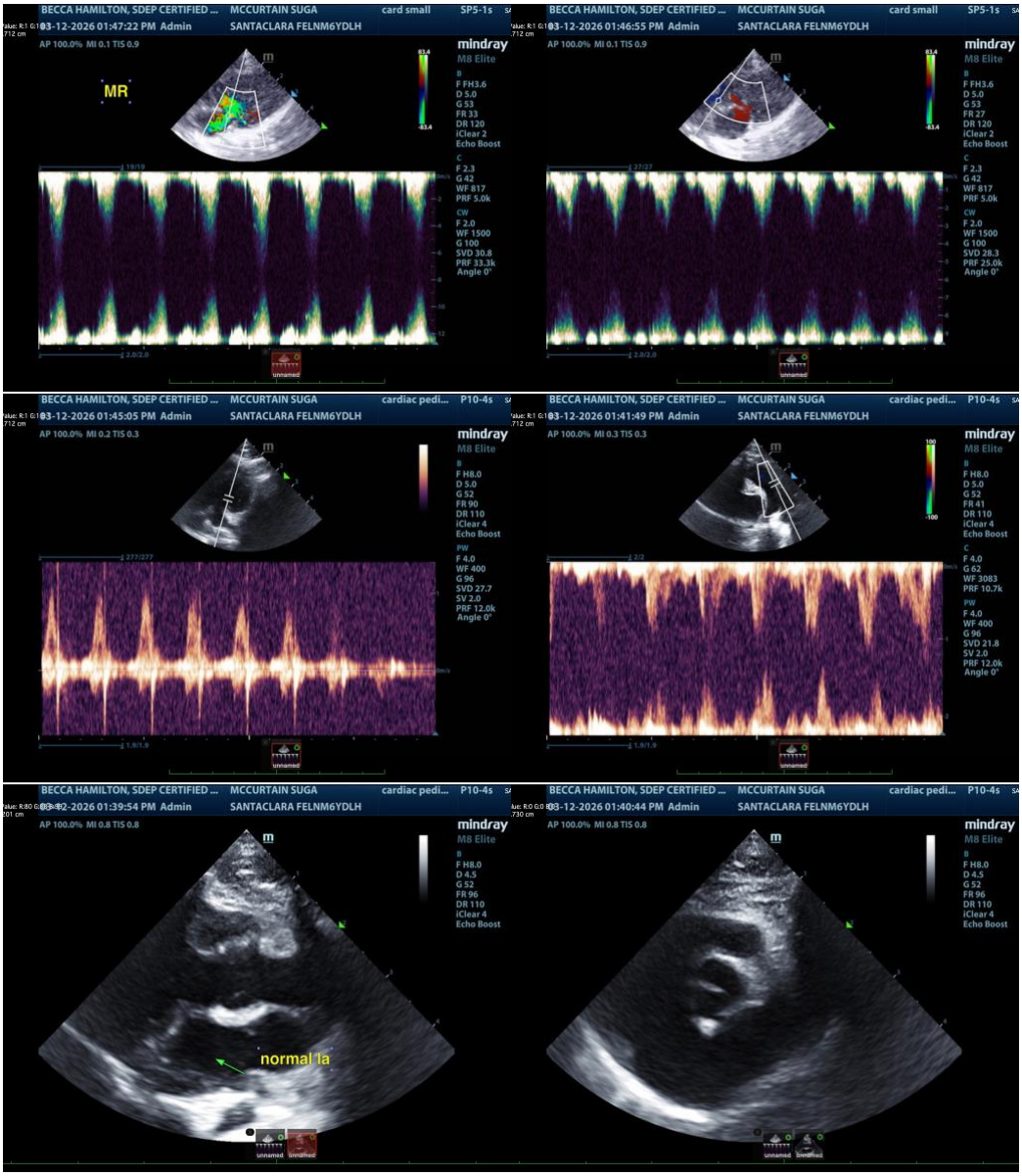

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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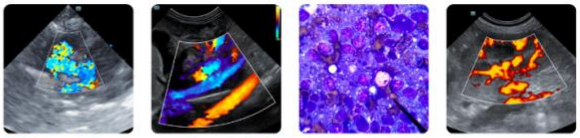

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