SonoPath
Clinical Sonography & Telecytology
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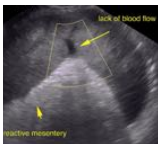
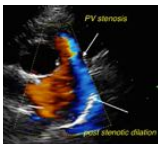
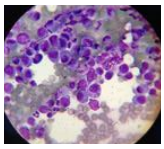
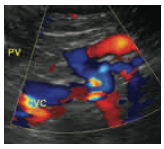

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Murray Brown

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

96544

DATE

3/2/22

PRESENTING CLINICAL SIGNS

History: Intermittent hiccups and coughing. Episodes of disorientation, twitching in back, unable to move. Lasts 1-2 min. Decreased strength and mobility in rear legs, misses jumps. Gabapentin PO last night and this am; added Torbugesic 0.4mg/kg IM.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, pigmented spot on dorsal iris. Grade 3/6 systolic heart murmur. BW: proBNP 1,500, Glucose 99, Alb 2.4 L, A:G ratio 0.5. T-4 2.4 (normal). RADS (attached, taken after echo finished)

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. Minor **left ventricular** hypertrophy was noted in this patient. This is consistent with a minor form of hypertrophic cardiomyopathy. 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 subjective structural integrity. 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 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.

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	10.8 lbs	NM	0.61	1.81	0.68	57	90
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		1.35	1.57 max				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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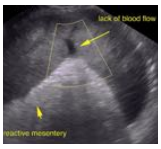
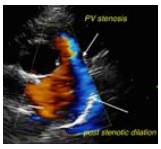
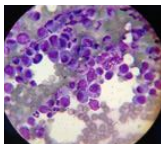
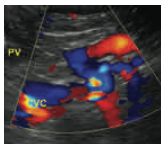

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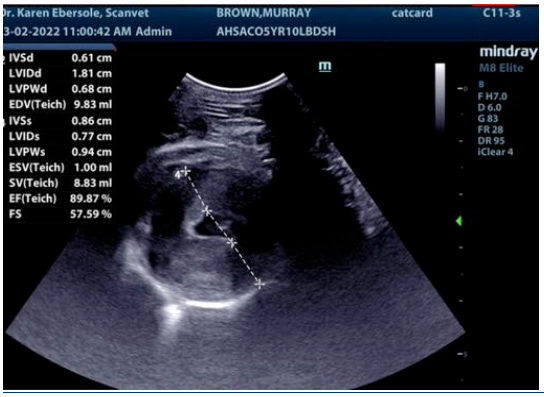
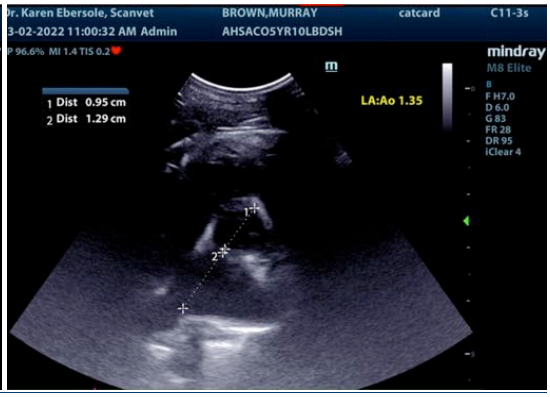
ULTRASONOGRAPHIC FINDINGS

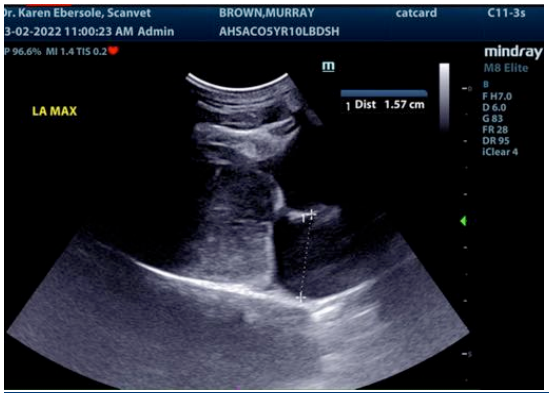
Minor left ventricular hypertrophy.

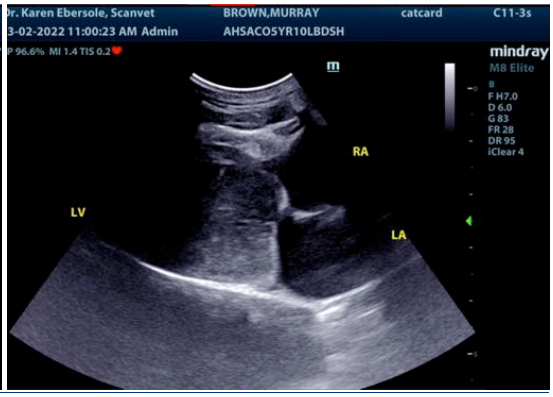
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that the clinical signs have a relationship to the cardiac presentation. Systemic disease may be playing a role in the BNP elevation; however, structurally and functionally the heart is unremarkable other than minor, idiopathic left ventricular hypertrophy. Recheck echocardiogram is recommended in 6 months.









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