



## PATIENT

Mozley Colarossi

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

11 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Elyse Hauer

## HOSPITAL NAME

Mariposa VH

## REFERRING VET

Elyse Hauer

## INVOICE

21779

## DATE

3/24/23

## PRESENTING CLINICAL SIGNS

History: Grade 2 heart murmur. Has a tooth root abscess scheduled for dental surgery on Tuesday, owner is concerned for anesthetic risk. Sedated with gabapentin, butorphanol, small amounts of alfaxan as needed

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - very mild elevation in CREA/SDMA UA - pending T4 - checked 5 months ago completely normal (low end of range)

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	NM	0.89	0.85	0.65	53	87
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	1.5	1.1	--	.94	.56	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							

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. Some myocardial remodeling was noted. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent non-laminar flow, not clinically significant at this time. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** insufficiency was noted at 2.0 m/s. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

- Compensated left ventricular hypertrophy, hypertrophic cardiomyopathy phenotype, yet underlying hypertension/hyperthyroidism should be ruled out (if not already performed).



**PATIENT**

- Minor tricuspid insufficiency

Mozley Colarossi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt contraindication to anesthetic procedure. Torbutrol (premed), Propofol (induction) and isoflurane (maintenance) or equivalent recommended. Recheck echo in 6 months.

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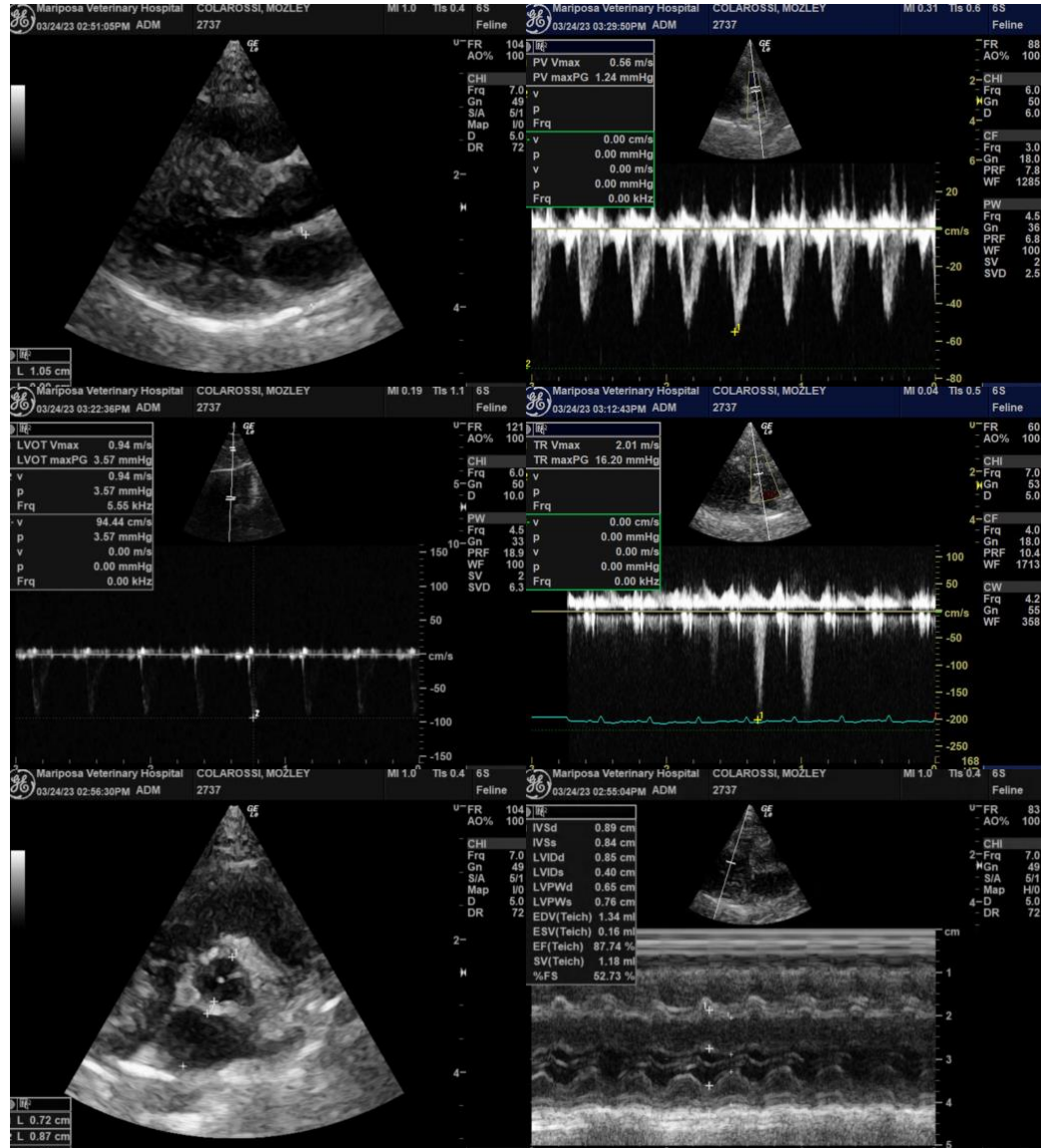
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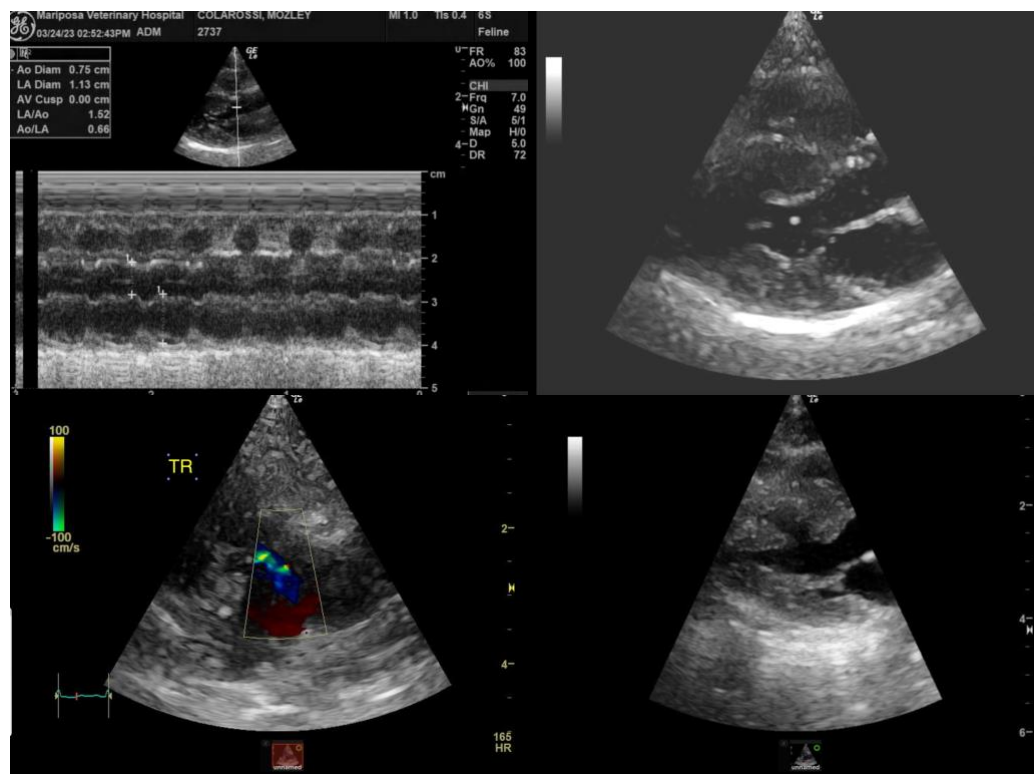
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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