



PATIENT PRESENTING CLINICAL SIGNS

Sugar Belka

SPECIES

Feline

BREED

Bengal

SEX

Female

AGE

5 months

WEIGHT

6.75 lbs

History: Patient was identified to have a Grade 2/6 systolic murmur during initial vaccine series on 03/31/23. Patient is asymptomatic. During re-evaluation today prior to scan, the cardiac murmur remains clearly audible on the right side of the thorax and is difficult to appreciate on the left side at all. It is a grade 3/6 systolic murmur. No arrhythmia is noted and femoral pulse quality is good. Patients BCS is 5/9 and growth considered normal Referring DVM is requesting cardiac scan prior to routine OVH surgery
Abnormal PE/Chem/CBC/UA Results: - No other diagnostics performed to date.

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** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Trivial **tricuspid** insufficiency was noted in this patient. 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 hepatic veins were not dilated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tudini

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Huckabone

INVOICE

43652

DATE

3/30/23

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	6.75 lbs	NM		1.53	0.37	40	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	1.3	1.34	1.2		1.2	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



PATIENT

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable heart. Essentially flow murmur.
Mild tricuspid insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious congenital lesion. If the murmur is still present at a full year of age then a recheck echocardiogram is recommended at that time.

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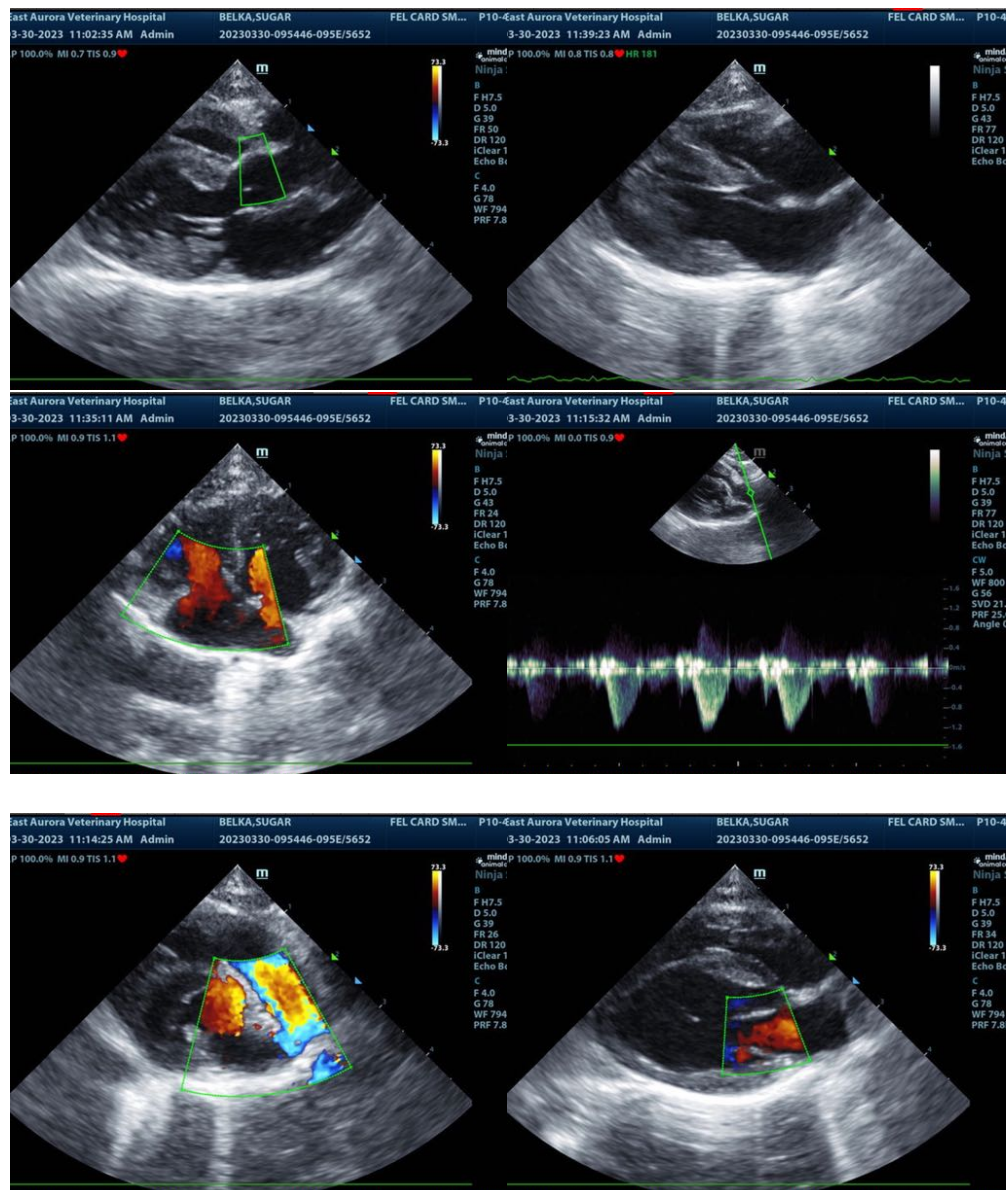
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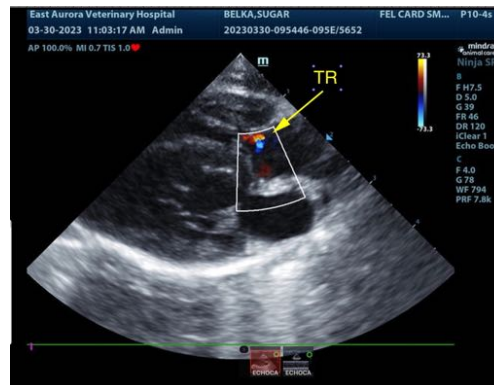
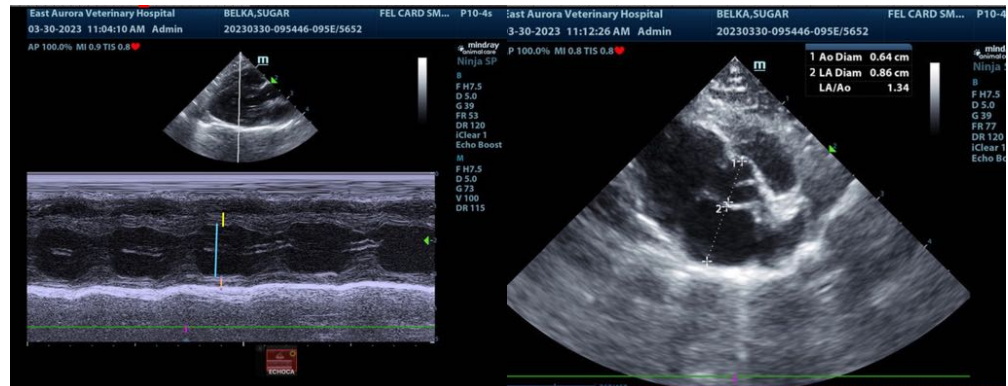
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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