



PATIENT

Churchill Malienka

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

4 Years

WEIGHT

12.9 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

PRESENTING CLINICAL SIGNS

History: Patient presented for an exam due to slight lethargy and change in behavior of acute onset. The owners felt he wasn't as active and was eating less.

Abnormal PE/Chem/CBC/UA Results: On examination, he was QAR and vitals were normal, but he had a Grade III left parasternal to sternal murmur detected. Radiographs supported clinical impression of no CHF imminent. Recommend labwork and cardiac proBNP testing. CBC, CHEM, CBC normal; U/A showed some possible evidence of low-grade cystitis. IDEXX pro BNP was elevated at 1129. After tx for cystitis, the owners reported he was back to normal in behavior. Recommended an echo.

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	0.61	1.44	0.63	68	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	1.26	1.27	1.6	1.47	.86	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							

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr, Danielle Kitz

INVOICE

14191

DATE

3/5/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Eccentric mitral insufficiency jet noted on color flow assessment. 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. **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. Occasional, minor systolic anterior motion noted, consistent with mild dynamic obstruction.



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ULTRASONOGRAPHIC FINDINGS

- Minor form of hypertrophic cardiomyopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is unlikely the cardiac presentation is causing any overt clinical signs at this point, unless exercise intolerance is an issue. I recommend abdominal sonogram to assess for visceral disease, such as pancreatitis, GI disease or other. The heart may be a completely incidental finding as the changes are minor and volumes are contained. If exercise intolerance is an issue and clinical signs manifest under exercise, then atenolol therapy could be considered. Recheck echo in 6 months or earlier if cardio-specific clinical signs initiate.

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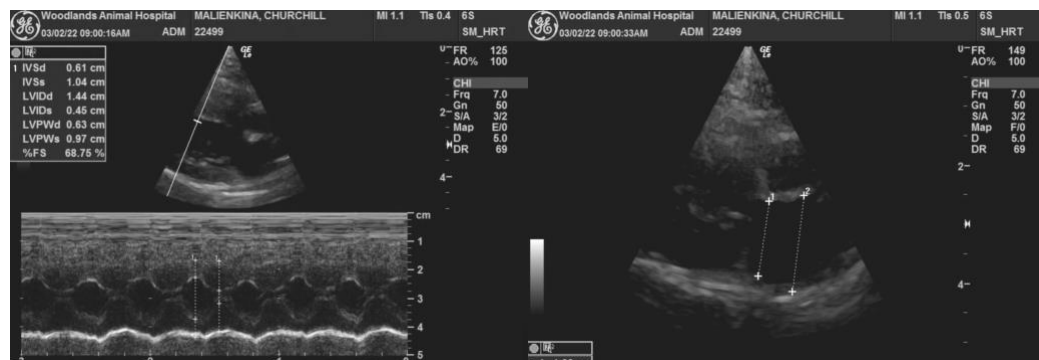
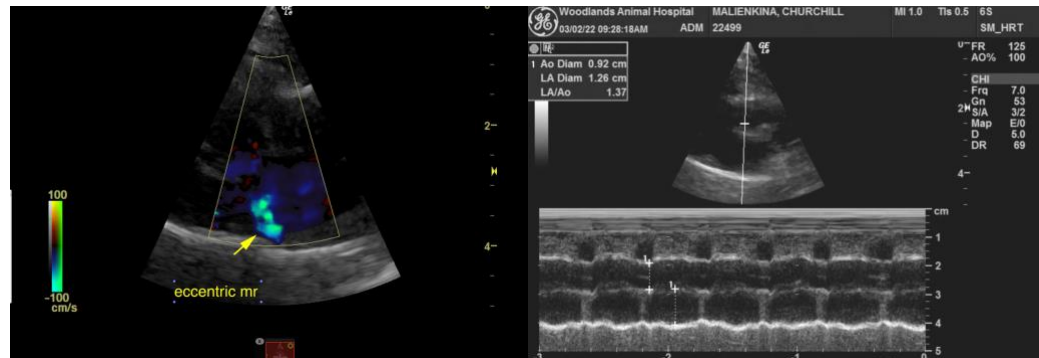
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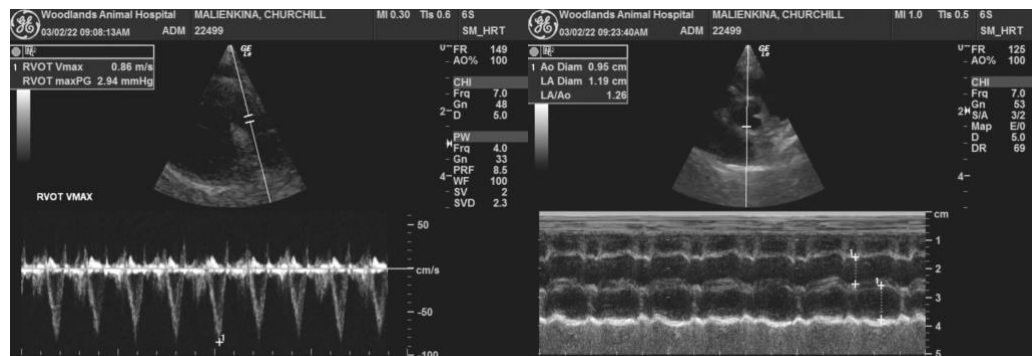
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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