



PATIENT PRESENTING CLINICAL SIGNS

Rally McStravick

History: Murmur discovered and echocardiogram performed 9/9/2022. Diagnosis Obstructive Hypertrophic Cardiomyopathy. Atenolol started to slow heart rate then as well- 6.25mg sid. Rally is doing fine at home.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: overweight. Stage II dental disease. Cardiac murmur 4/6 systolic heart base. NO recent labs

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Domestic Shorthair

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. Mild systolic anterior motion was noted. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler and measured 5.0 m/sec and is compensated. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **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 laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. 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.

SEX

Neutered male

AGE

5 years

WEIGHT

18.04 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

43166

DATE

3/7/23

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	18.04 lbs	NM	0.91	0.98	0.92	79	98
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	1.06	1.3	1.7	2.35	1.9	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

Hypertrophic cardiomyopathy, stable.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no significant volume overload. I recommend continuation of the current protocol. Recheck sonogram is recommended in 6-12 months depending on any clinical progression or issues.

BREED

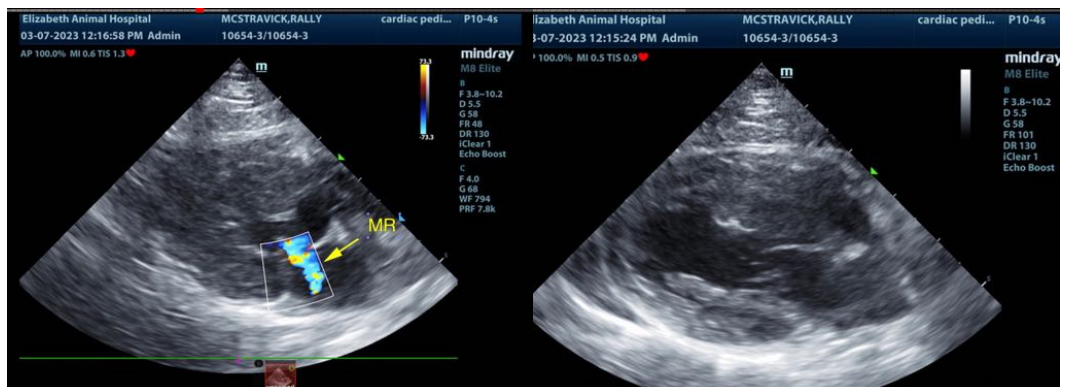
Domestic Shorthair

SEX

Neutered male

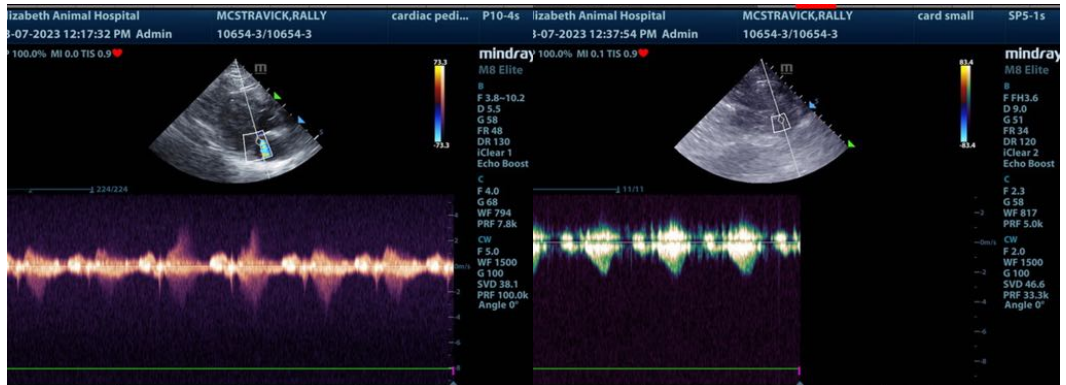
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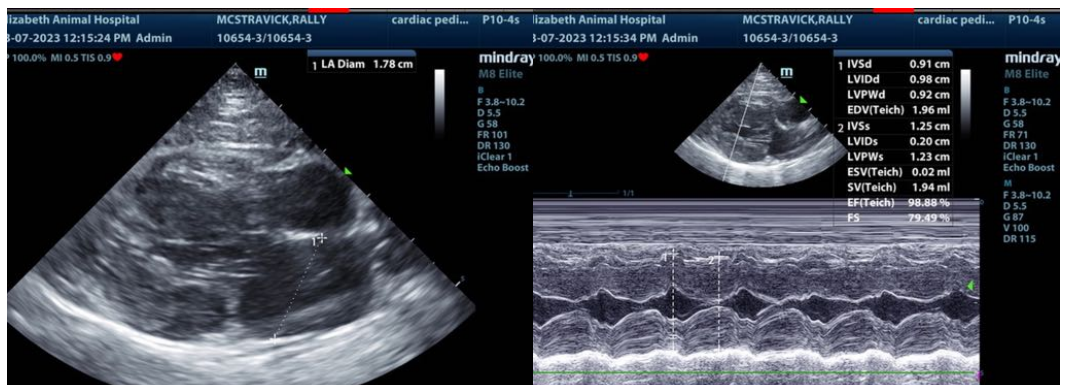
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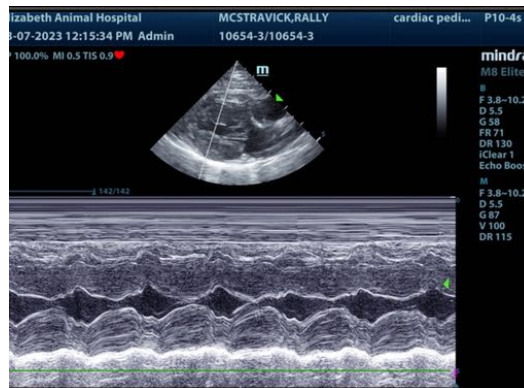
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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