



PATIENT PRESENTING CLINICAL SIGNS

Marshall Bradley

History: Hx of persistent 3/6 systolic murmur.
 Abnormal PE/Chem/CBC/UA Results: Heart murmur, otherwise NSF on PE BW/UA: CHEM: increased ALB (4.1), otherwise WNL CBC: WNL HWAG: negative TT4: WNL @ 2.5 UA: USG = 1.053; 2+ proteinuria (UPC WNL @ 0.1); IS Thoracic/abdominal rads: NSF - heart size WNL; pulmonary vessels WNL. Lungs clear. Ingesta in stomach; SI WNL.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

14.6 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** valve insufficiency was 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. The hepatic veins were not dilated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great and Small

REFERRING VET

Dr. Bailes

INVOICE

43211

DATE

3/8/23

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	14.6 lbs	200	0.52	1.54	0.52	55	88
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	1.54	1.6	1.56	WNL	WNL	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

Normal echocardiogram with trivial mitral insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benign flow murmurs are common in cats. This may be owing to volume shifts, tachycardia, benign (DRVOTO) right ventricular outflow changes, trivial turbulence in any of the valvular apparatuses, or possibly excessive stethoscope pressure against the chest according to a recent study These are physiologically benign and unrelated to specific pathology. Recheck echocardiogram is recommended in a year or if murmur grade increases, yet structurally the heart is unremarkable.

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SEX

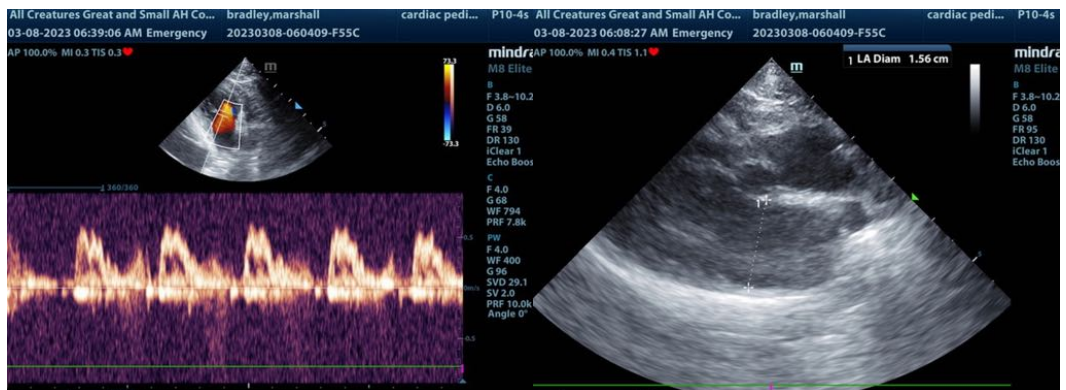
Neutered male

AGE

8 years

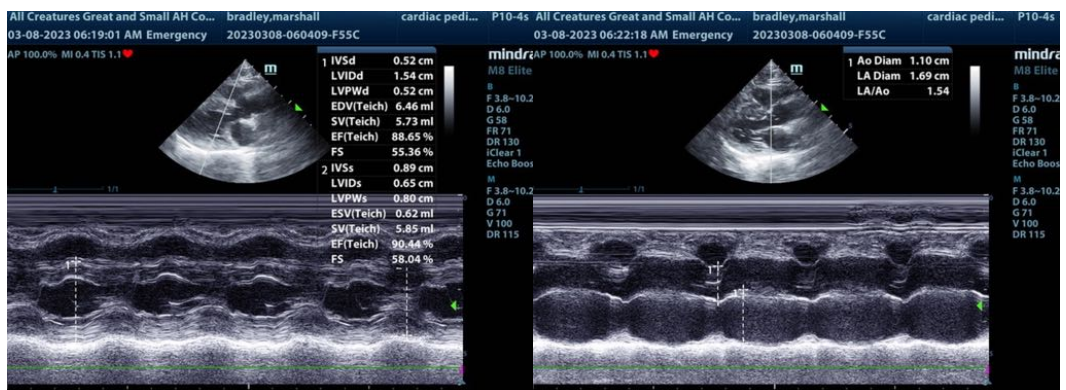
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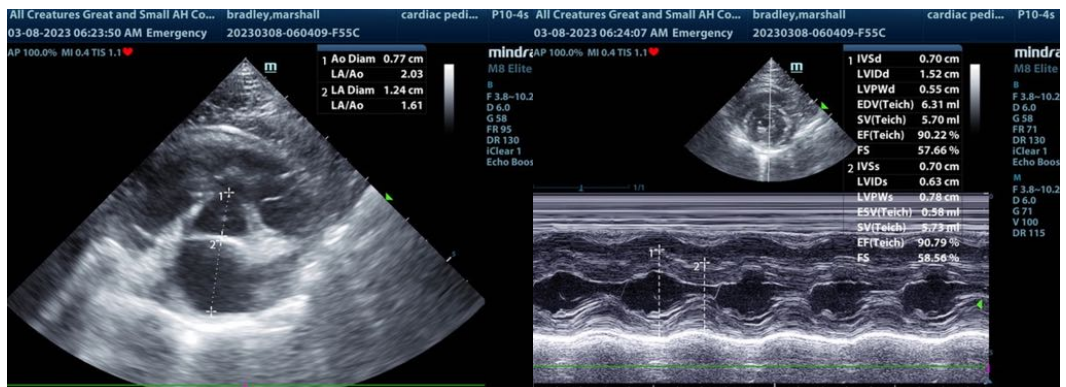
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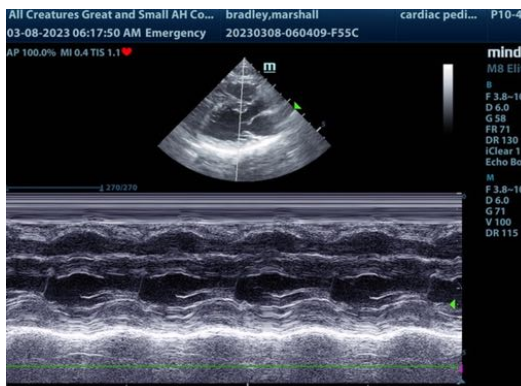
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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