



PATIENT

PRESENTING CLINICAL SIGNS

Hannah Curry

History: Recheck cardiac ultrasound from 2019 done by in-house specialist. Currently on Furosemide. IVSD : 6.3, 6.5 (3.0-6.0) IVSS :7.9, 8.3 (4.0-9.0) LVIDD : 11.7, 8.2 (10.8 - 21.4) LVIDS : 7.3, 4.8 (10.8- 21.4) LVPWD : 6.3, 8.2 (2.5-6.0) LVPWS :7.9, 9.9 (4.30- 9.8) LA/AO : 1.24 FS% : 45% no thrombi present moderate MV regurgitation with systolic anterior motion of the MV Assessment- Hypertrophic cardiomyopathy, moderate MV regurgitation

SPECIES

Feline

BREED

Persian

Abnormal PE/Chem/CBC/UA Results: WNL.

SEX

Spayed Female

AGE

13

WEIGHT

8.9

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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	0.36	1.39	0.6	35	
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	1.0	0.9	1.1	--	--	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 based on 3 separate LA measurements. The mitral valve was thickened in this patient with mild systolic anterior motion with minor MR. The patient appeared volume contracted. Contractility was adequate and technically the septum and free wall measurements are normal yet focal impingement upon the left ventricular outflow tract was also noted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. 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.

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Christensen

INVOICE

21970

DATE

4/13/23

ULTRASONOGRAPHIC FINDINGS

- Dynamic and fixed obstruction hypertrophic cardiomyopathy phenotype

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

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The primary issue is the left ventricular outflow obstruction, however, subjectively the patient appears volume contracted. I recommend reducing Lasix therapy in this patient. Systemic assessment for other causes of volume contraction is also indicated.

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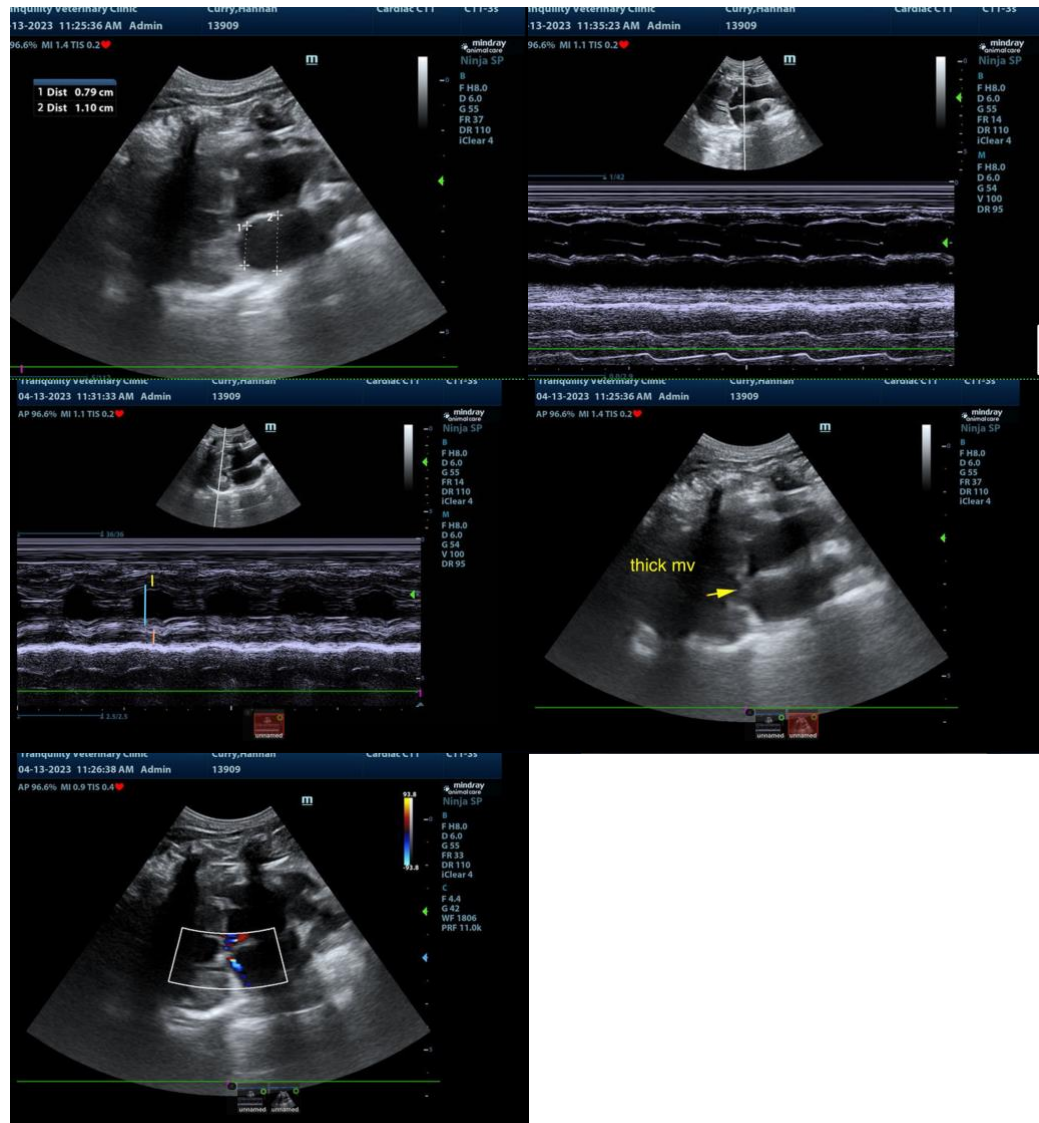
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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