

PATIENT

Smokey Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

PRESENTING CLINICAL SIGNS

Smokey presented in early March for a second opinion over suspicion of lymphoma and pleural effusion and was subsequently found to have neither the effusion nor any obvious neoplasia on abdominal ultrasound exam. He had a history of a cardiac murmur, (chronic) pancreatitis and periodontal disease, and a dental procedure was pursued during which multiple extractions were performed. He has since recovered, but has recently been eating less, and it has not been clear whether this has been related to the dental procedure, pain medication side effects or undiscovered underlying condition. During his preanesthetic lab work, he had an abnormal fBNP and hypercalcemia, in addition to mildly increased BUN, normal Creat, T4 and SDMA. Yesterday he presented for cardiac diagnostics and ionized Ca/ PTH profile to be sent out to MSU. He had been given a low dose of alprazolam for the car ride over and was not sedated for the cardiac ultrasound exam. His BP was normal, at 120-130mmHg using the doppler. His cardiac murmur is of 2/6 intensity. Abnormal PE/Chem/CBC/UA Results: abnormal fBNP, mildly increased BUN, hypercalcemia, (normal Creat, normal T4, normal SDMA, rest normal)

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	0.7	1.22	0.9	50	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	1.1	1.1	1.0	--	0.9	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							

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alex McFeely

HOSPITAL NAME

Straley Vet Associates

REFERRING VET

Dr. Alex McFeely

INVOICE

37223

DATE

4/27/22

Cardiac Presentation

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 mild to moderate concentric hypertrophy, yet not a clinical issue at this time. 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.



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ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype, stable

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of functional disease at this time. Recheck echo in 6-12 months, earlier if murmur grade increases or if any clinical signs are present. Frequent monitoring of thyroid and blood pressure indicated. No treatment indicated at this time.

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DSH

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Neutered Male

AGE

13 Years 2 Months

WEIGHT

10.7 Pounds

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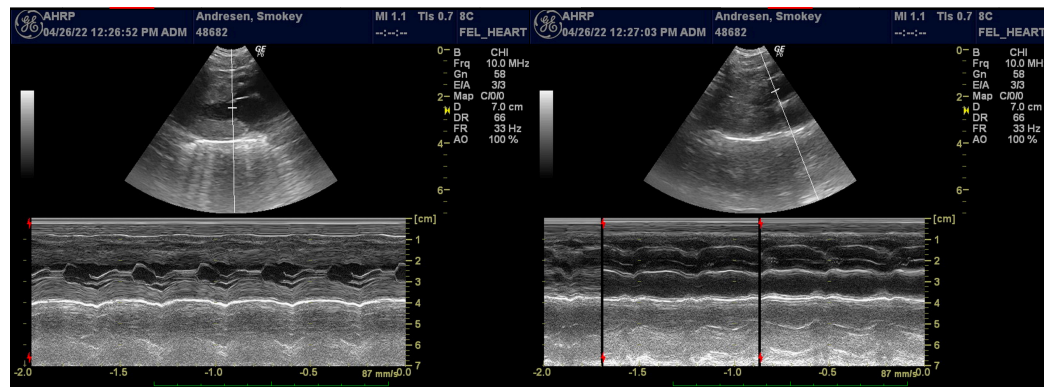
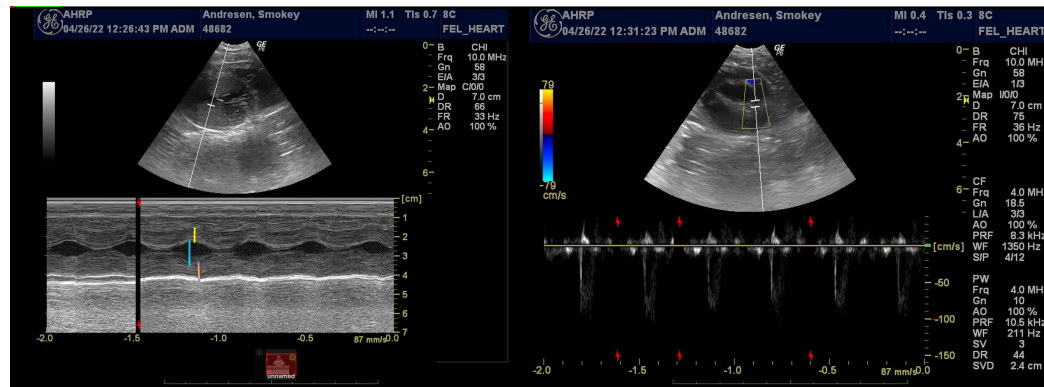
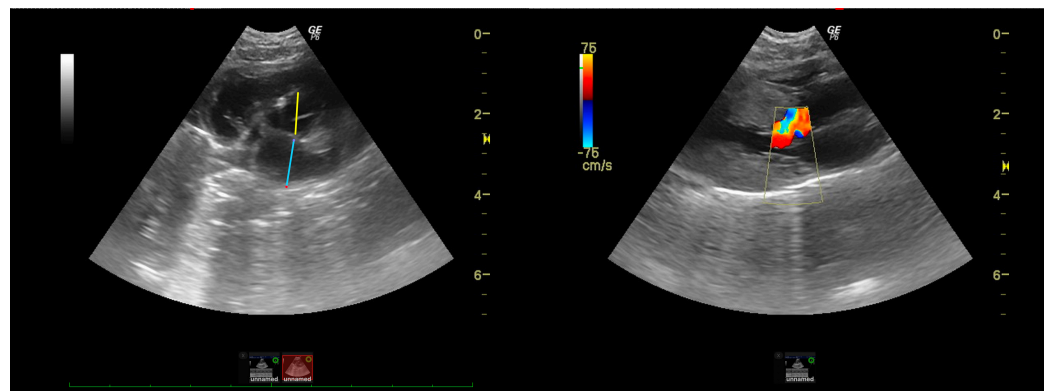
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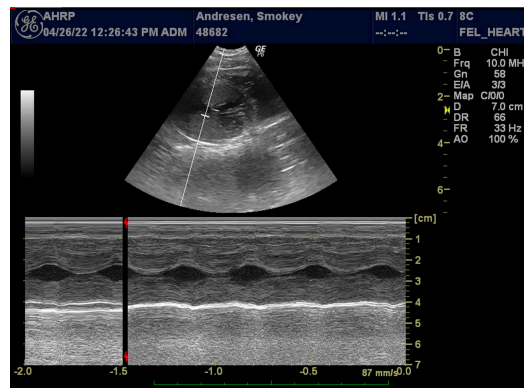
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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