



PATIENT

Gracie Krivoshein

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

10.4 Pounds

PRESENTING CLINICAL SIGNS

Hx of heart murmur first heard 1 year ago - diagnosed w/ mitral/tricuspid insufficiency as well as minor concentric left ventricular hypertrophy, well compensated. Came in for annual exam 4/19/22 - no concerns @ home except for weight loss noted

Abnormal PE/Chem/CBC/UA Results: progression of heart murmur (was previously a 3/6; now a 5/6); weight loss noted w/ normal MCS. BW/TT4 pending.

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	0.57	1.32	0.62	36	70
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	1.5	1.5	1.58	4.0	1.61	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. Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Jessica Bailes

INVOICE

37271

DATE

4/28/22

Cardiac Presentation

The **left ventricle** presented mild sectorial concentric hypertrophy. Mitral insufficiency noted at 4.0 m/sec. Occasional tachyarrhythmia present. Systolic anterior motion noted with thickened mitral valve. **Left atrial** size is increased compared to the prior sonogram, yet is still within normal limits. However, SAM is a significant issue at this time compared to the prior echocardiogram. 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. Trivial **tricuspid** insufficiency noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy with dynamic left ventricular outflow obstruction
- Periodic tachyarrhythmia



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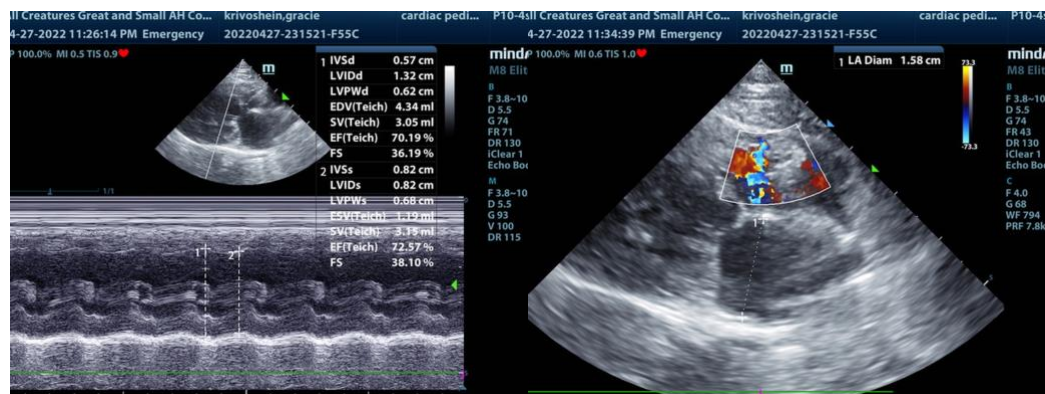
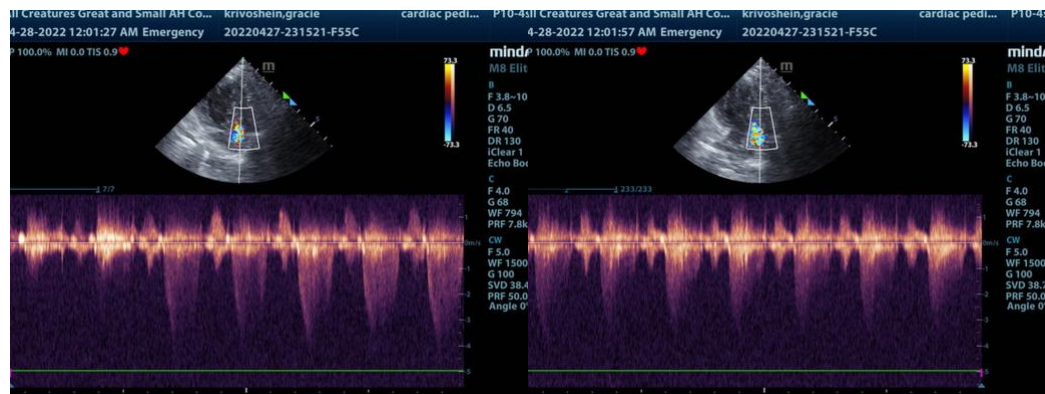
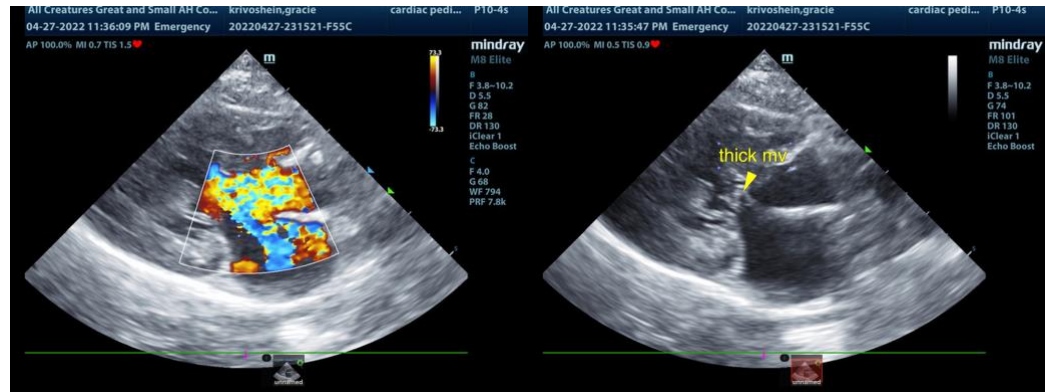
All Creatures Great & Small Corvallis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is not evident in this patient. Abdominal sonogram warranted. EKG indicated. Atenolol therapy would likely be appropriate to reach target heartrate of 180 or less. Recheck echo in 3-6 months.



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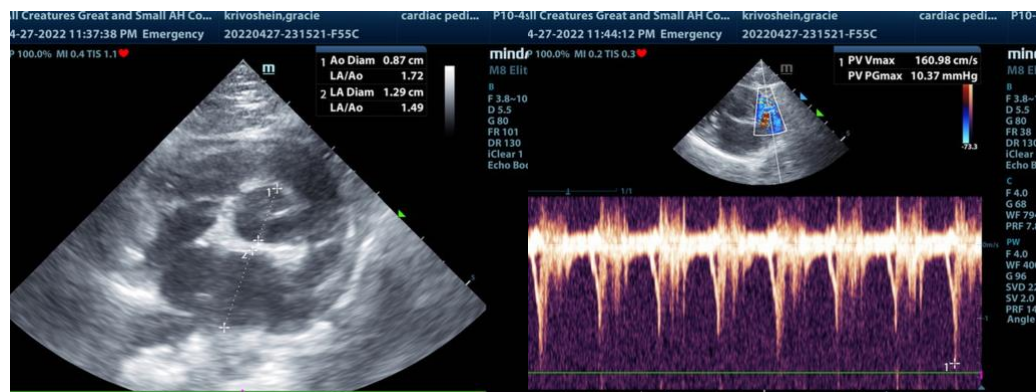
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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