



PATIENT

Abby Drylewicz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

10 Pounds

PRESENTING CLINICAL SIGNS

History: New heart murmur. Current meds: Methimazole transdermal 3.75mg bid.

Abnormal PE/Chem/CBC/UA Results: T4=4, USG 1.012, 3+ bld. (new labs and u/a 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	--	199	0.59	1.52	0.52	46	81
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	1.25	1.25	1.5	--	.92	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

Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Van Beveren

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial mitral insufficiency noted on spectral doppler. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Mild **myocardial** remodeling was noted in this patient, largely an age-related change. **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. Minor **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

- Essentially flow murmur
- Trivial mitral and tricuspid insufficiency- not clinically significant
- Myocardial remodeling, largely an age-related change

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG and blood pressures warranted, if not already performed.



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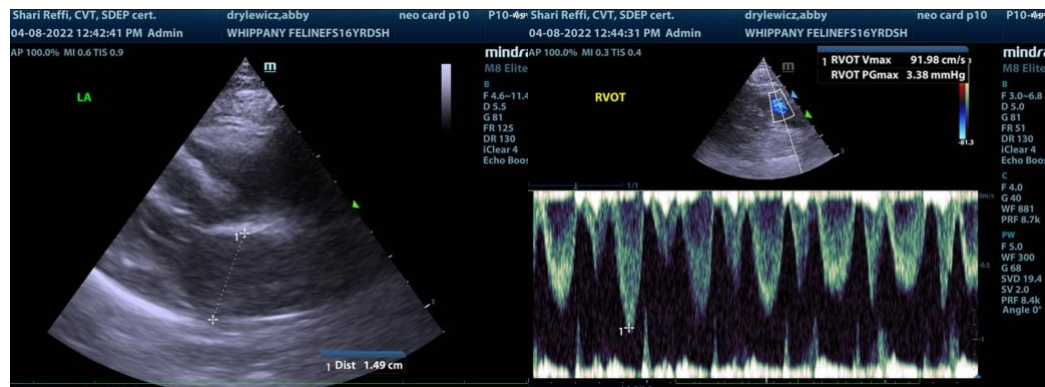
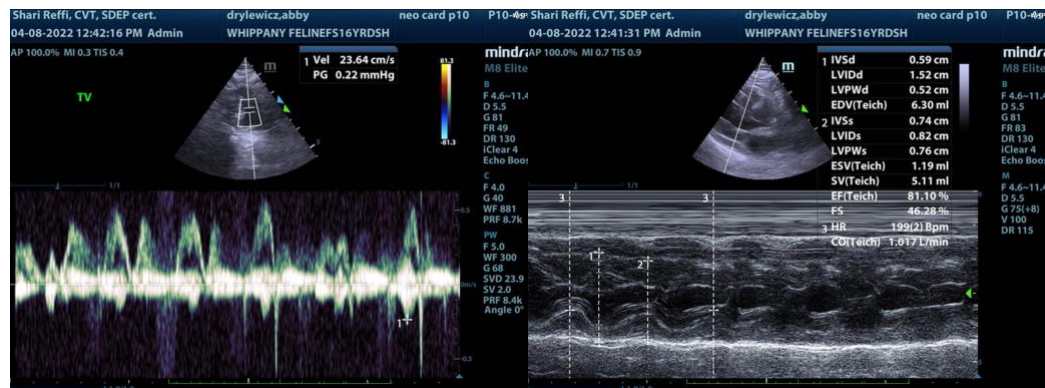
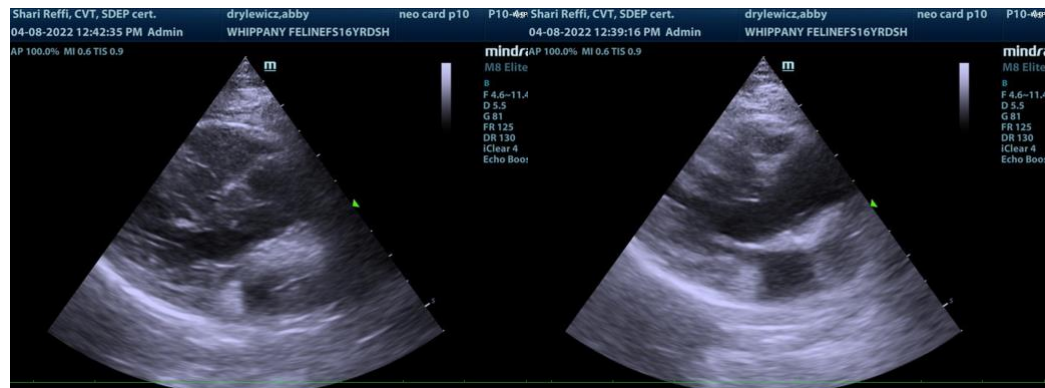
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Flow murmurs can be caused by volume shifts, anemia, excitable/tachycardic state, DRVOTO (Dynamic Right Ventricular Outflow Obstruction), or even simple stethoscope pressure upon clinical exam. These flow murmurs are typically benign and may develop often later in life theoretically owing to age related clinically insignificant changes of the heart. If the patient is recently clinical for anorexia, weight loss or metabolic disturbances, an abdominal sonogram and full workup may be appropriate to assess underlying clinical systemic causes of a newly developed flow murmur.



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



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can be of any further assistance please contact me.

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