



PATIENT

Pickachu Faris

SPECIES

Feline

BREED

Scottish Fold

SEX

Female

AGE

1 Years 3 Months

WEIGHT

2.9

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Inam ul Haq, DVM
MRCVS

HOSPITAL NAME

City Veterinary Clinic,
Abu Dhabi, Khalifa City

REFERRING VET

Inam ul Haq, DVM
MRCVS

INVOICE

21905

DATE

4/8/23

PRESENTING CLINICAL SIGNS

History: The patient was presented for spay and the RDVM noticed grade left systolic HM. Patient's BCS is 2/9 and she has been consistently losing weight over the course of one year. There must be some systemic disease also going on but the owner declined further diagnostics

Abnormal PE/Chem/CBC/UA Results: Moderated anemia on heamtology

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	0.47	1.71	0.36	42	77
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	--	1.31	1.38	1.65	2.40	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. Mitral insufficiency was noted (4.8 m/s). Turbulence was noted at the left ventricular outflow tract and dynamic obstruction appeared to be present yet the septal and free wall thicknesses were normal. Some systolic anterior motion was noted in this patient, even though the septal free wall thicknesses were normal. This is likely owing to primary mitral valve dysplasia, which is suspected. Color flow bleeding in the region of the ventricular septum was noted, that appears to have ventricular septal defect, however, this could not be confirmed. 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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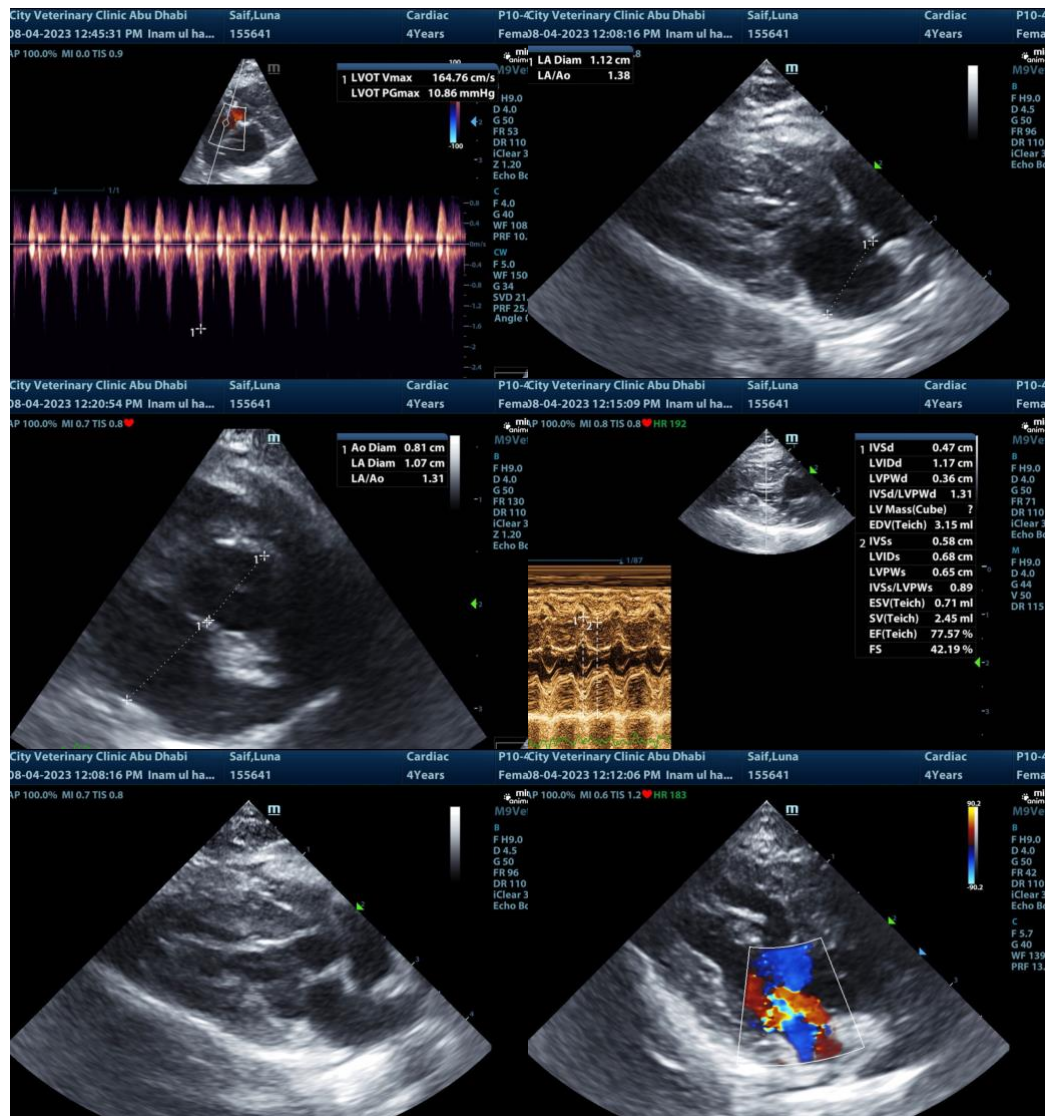
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ULTRASONOGRAPHIC FINDINGS

- Mitral valve insufficiency with thickening, possible dysplasia or secondary to history of endocarditis
- Turbulence at the left ventricular outflow tract, likely secondary to mitral valve disease, possible VSD yet could not be confirmed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No therapy is warranted at this time, unless clinical signs of endocarditis are present. No overt contraindication to anesthetic procedure.





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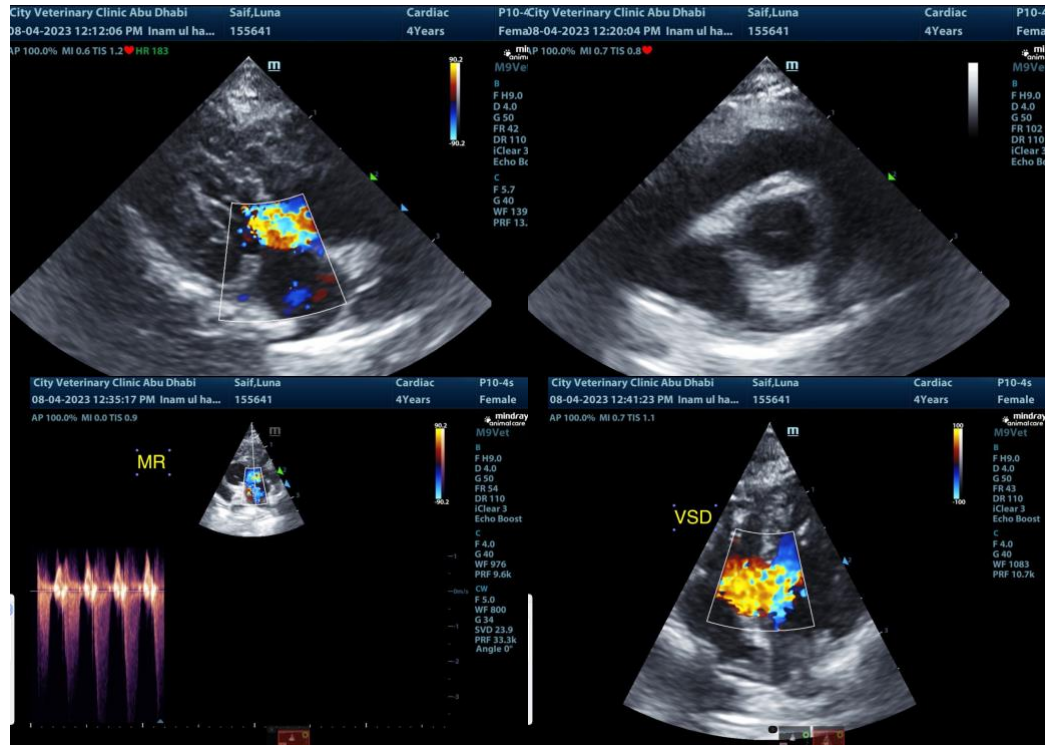
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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