



PATIENT

Walden Yurkiw

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

23 Months

WEIGHT

5.75 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isles VH

REFERRING VET

Dr. I. Fay

INVOICE

22277

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Grade 1 HM progressed to Grade 3 HM in office call.

Abnormal PE/Chem/CBC/UA Results: Excitable kitty in clinic. Given Gabapentin 300 mg prior to ultrasound. Prior history of GIT signs (vomiting) since 8 months old. Diagnosis open for GIT issues. Radiology report is included for patient as attachment.

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	0.45	1.77	0.6	46	80
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	--	--	1.08	--	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 slightly thickened. Minor mitral insufficiency was noted in this patient. Occasional systolic anterior motion was noted in this patient, not clinically significant. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. 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.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency, primary mitral valve dysplasia is likely or a minor form of hypertrophic cardiomyopathy- not clinically significant at this time.



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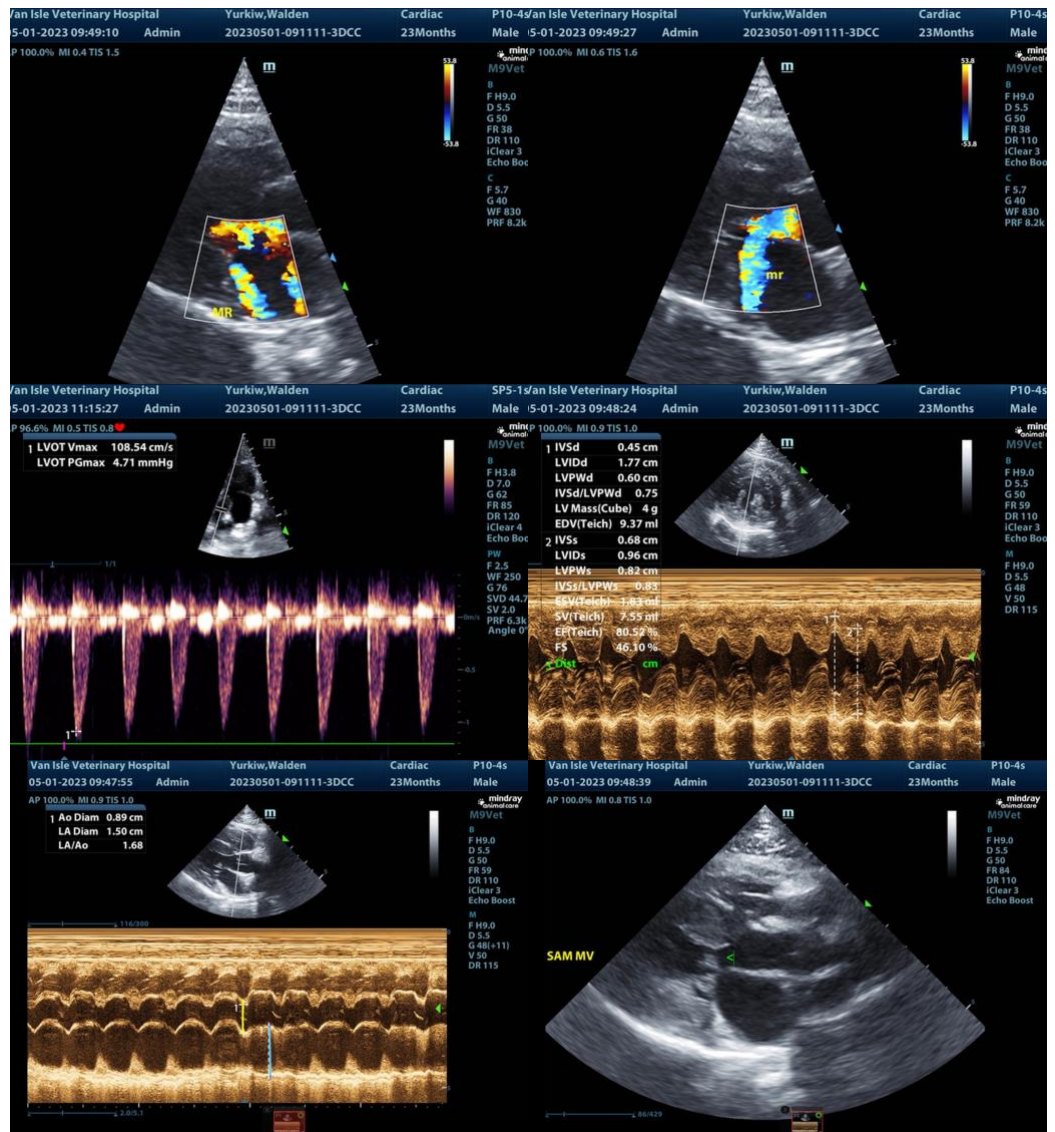
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echo in 6-12 months or earlier if any clinical signs initiate. No overt contraindication to anesthetic procedure. Torbutrol (premed), Propofol (induction), and Isoflurane (maintenance) is recommended.





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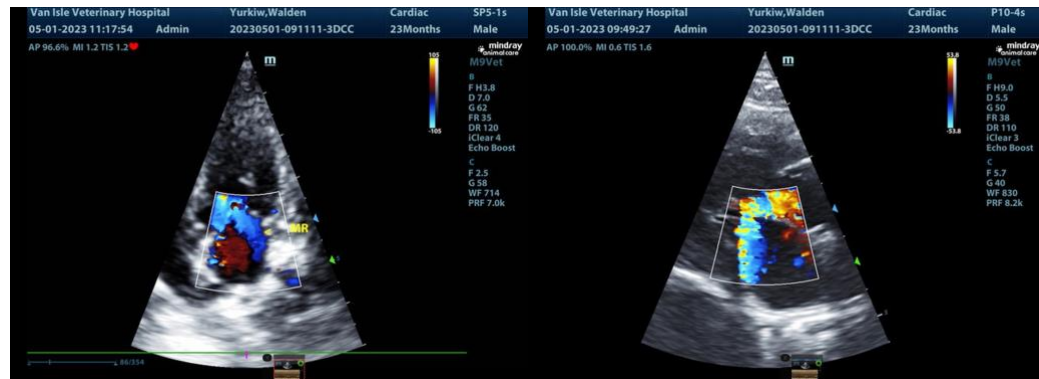
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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