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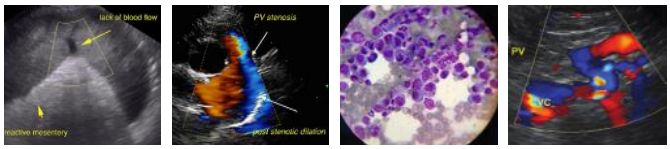
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tink Coterel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

14 pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands Animal Hospital

REFERRING VET

Dr. Danielle Kitz

INVOICE

10705ag

DATE

06/01/2022

PRESENTING CLINICAL SIGNS

History: patient has had a Grade II sternal murmur for years he has a bladder stone that needs removed Abnormal PE/Chem/CBC/UA Results: cardiopet normal at 91 labs normal blood pressure 170 with Doppler

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	0.66	1.1	0.66	63	
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	1.0	1.5	1.4			2.20	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 exhibited mild thickening. The aortic valve presented with mild thickening. The left ventricle presented slightly excessive thickness. 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 outflow exhibited mild excessive velocity at 2.2 m/s. 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

- Slight LV hypertrophy with LV outflow tract turbulence
- Mitral and aortic valve thickening-very minor form of hypertrophic cardiomyopathy phenotype with concurrent valvular disease

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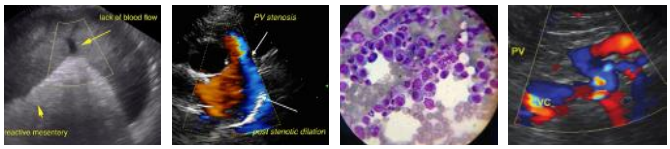

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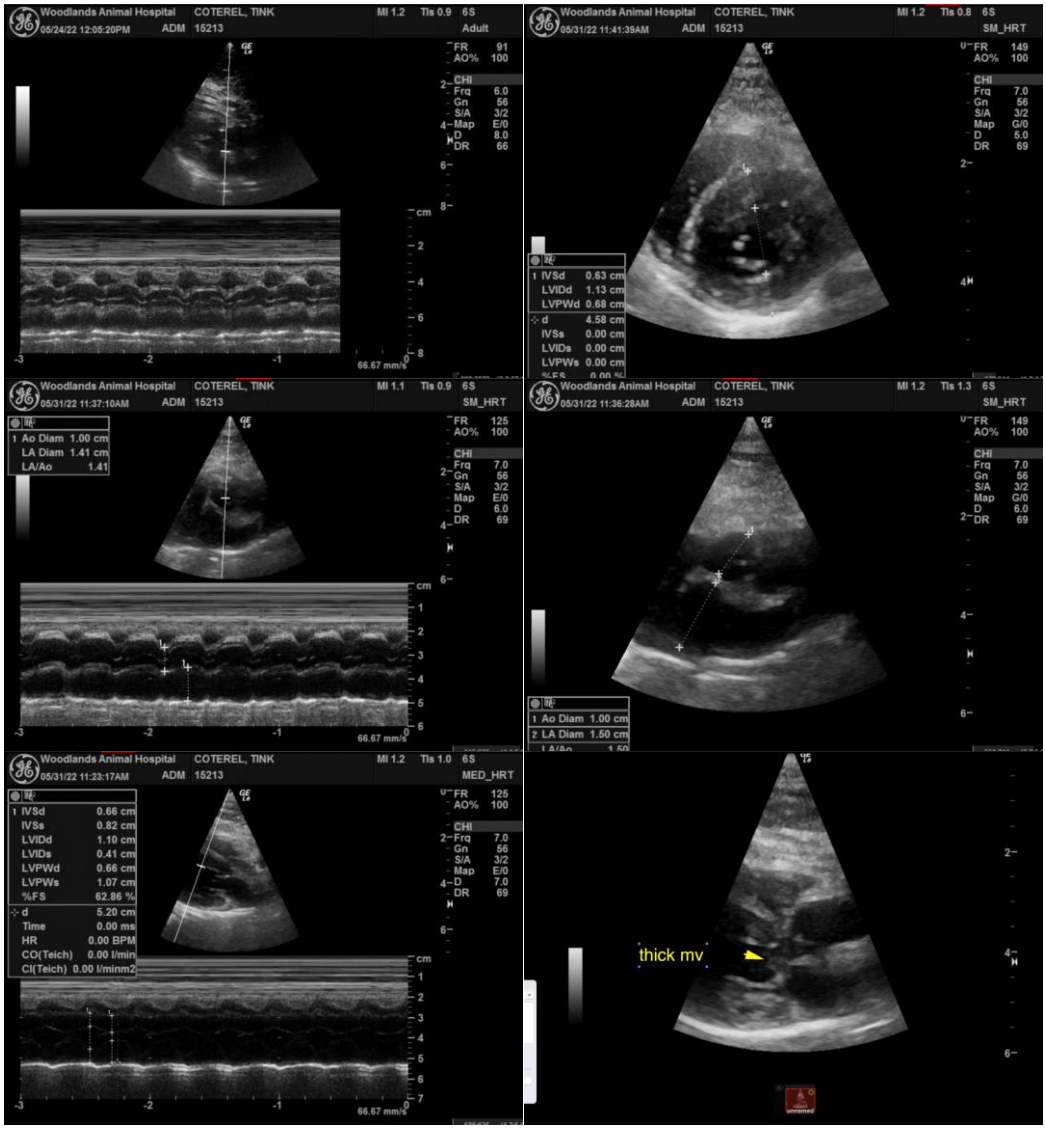
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A very minor form of hypertrophic cardiomyopathy phenotype with concurrent valvular disease was present in this study, however this type of LV excessive thickness can be induced by systemic hypertension, volume shifts, hyperthyroidism and pseudohypertrophy. This is not clinically significant. No contraindications for anesthetic procedures as long as BP and thyroid values are normal as well as systemic volume parameters. Torbutrol premed, Propofol induction and Isoflurane maintenance is the suggested protocol for this patient. Recheck echocardiogram in 1 year or sooner if clinical signs develop which is unlikely. Given the valvular changes this patient may have had a bout of endocarditis at some point in his lifetime.



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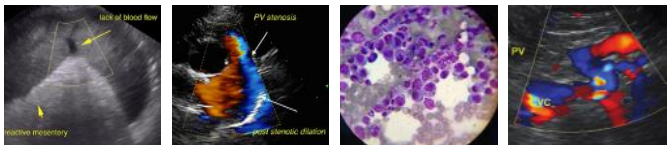

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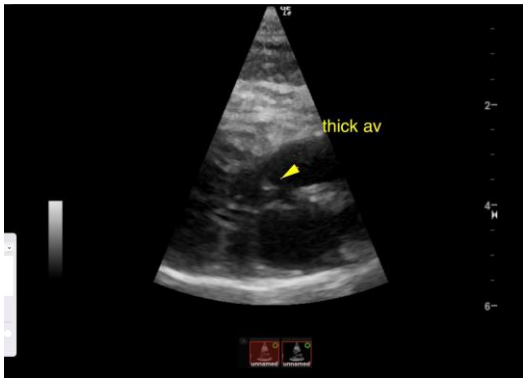

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com