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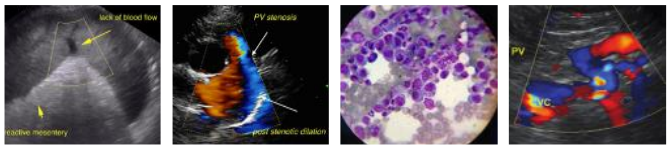

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tabitha Lynch

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years 5 Months

WEIGHT

7.15 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Blackman

INVOICE

15992

DATE

6/10/22

PRESENTING CLINICAL SIGNS

History: CUS work-up before general anesthesia. Grade III/VI murmur. No current meds. p

Abnormal PE/Chem/CBC/UA Results: 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	--	247	0.74	0.81	0.88	55	--
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	1.3	1.0	1.1		2.13	1.20	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. Minor centralized mitral insufficiency 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 ventricle presented mild to moderate concentric hypertrophy. 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. Persistent tachycardia was noted. Systolic anterior motion was also noted.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype
- Mitral insufficiency
- Concentric left ventricular hypertrophy and mild increased left ventricular outflow velocity. Dynamic obstruction present.

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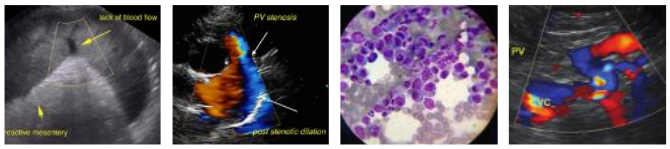

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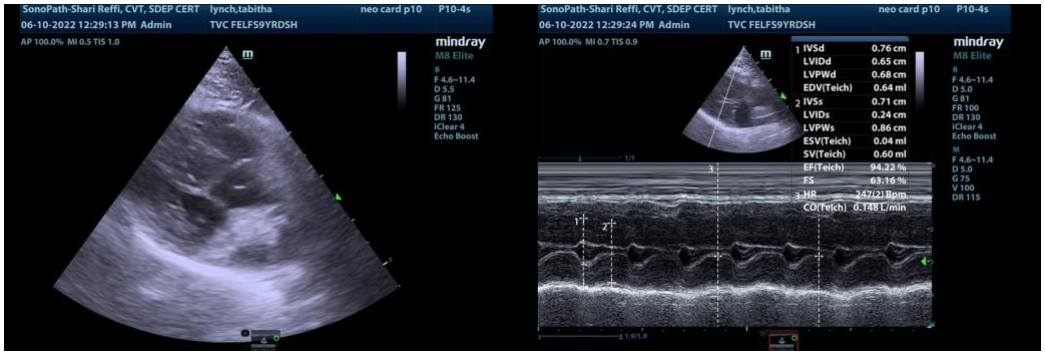
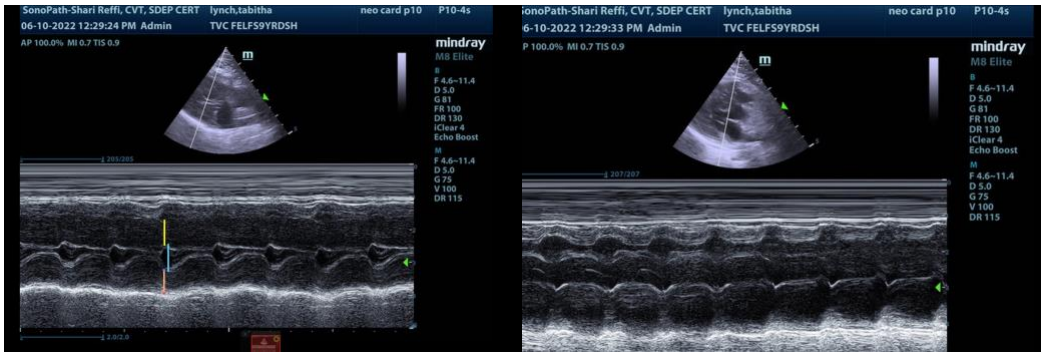
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressures and thyroid assessment warranted, if not already performed. I recommend atenolol (6.25 mg BID) therapy in this patient. Recheck echo in one week to assess for anesthesia. This patient does have some anesthetic risk at this time, even though no volume overload nor evidence of congestive heart failure are present, there is dynamic obstruction and moderate left ventricular hypertrophy consistent with hypertrophic cardiomyopathy. Rate control is necessary.





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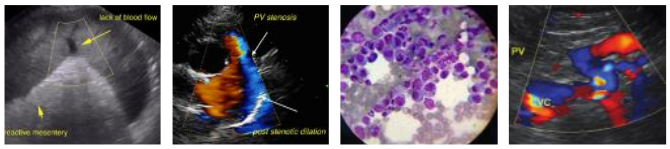

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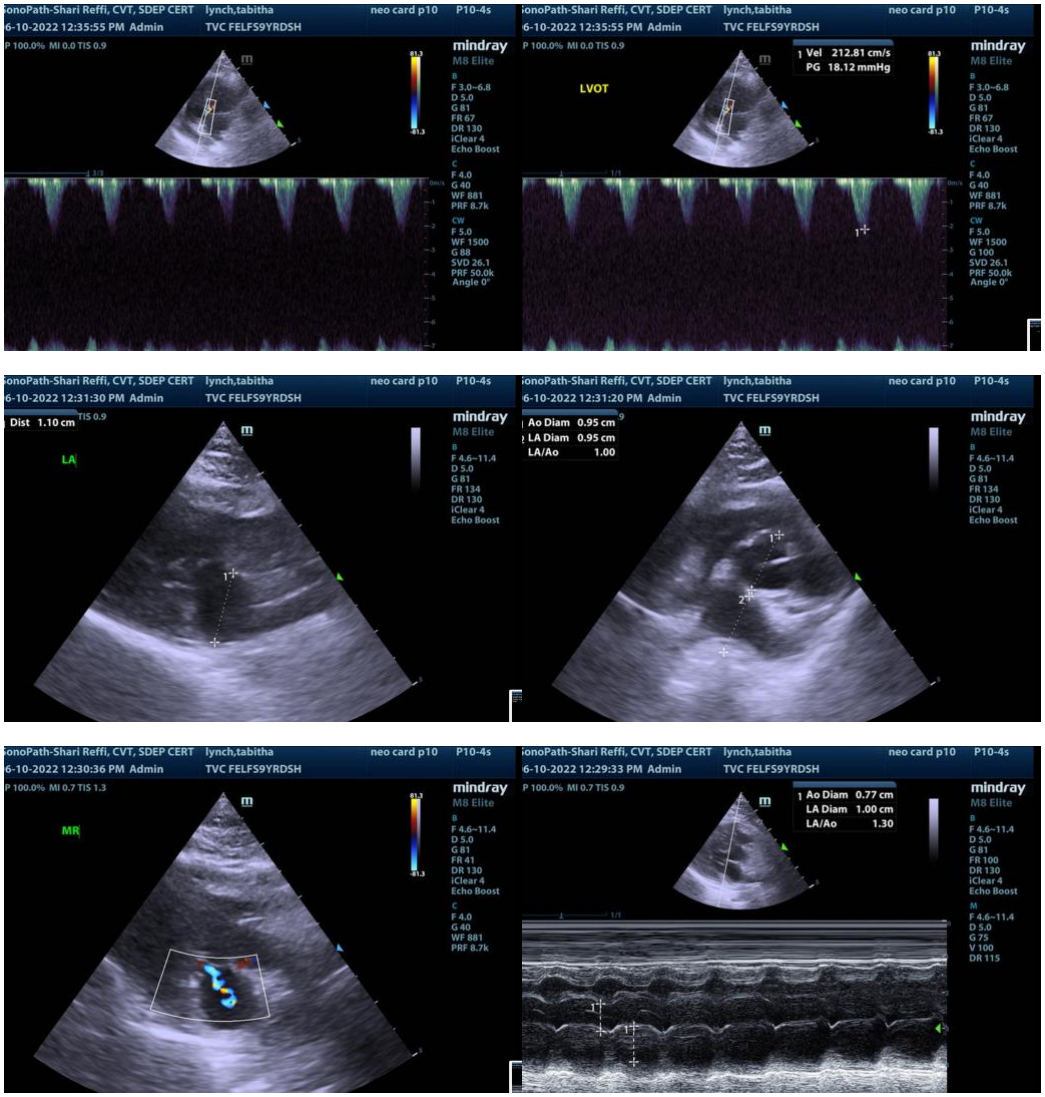

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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