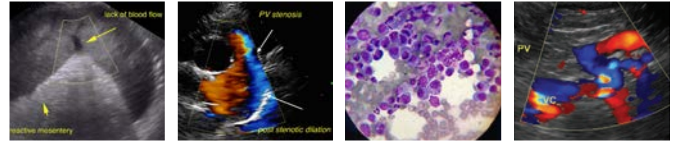
SonoPath

Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™

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

PATIENT

Norman Hockenbury

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. John Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. John Bucha

INVOICE

38831

DATE

6/17/22

PRESENTING CLINICAL SIGNS

Patient has severe periodontal disease and needs a dental procedure with multiple extractions. 6/10/22 Cardiac Work-up: -Blood Pressure Readings: 1. 101/ 76 map: 88 bpm: 80 2. 143 / 42 map: 75 bpm: 95 3. 167 /47 map: 75 bpm: 97 -Radiographs (attached for global view of patient) -Cardiopet (Idexx) --Consult from Idexx on the Cardiopet and Radiographs is attached
Abnormal PE/Chem/CBC/UA Results: First time we ever saw this patient was 04/26/2022 - patient did have a Grade II murmur at that time no previous history provided -ProBNP Snap (Abnormal) 6/10/22 -All lab work and global fast performed in-clinic are scanned and attached to report.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

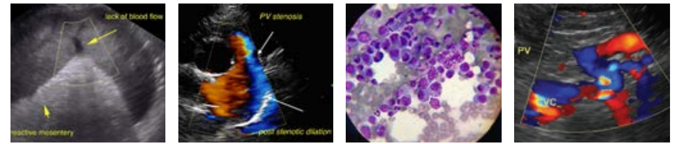
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.76	1.16	0.7	65	94
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (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	1.1	1.0	--		1.47	1.9	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 cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. Mild concentric **left ventricular** hypertrophy noted with prominent left ventricular papillary muscle. Mild **myocardial** remodeling noted, yet not volume overload. **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. Turbulence noted at the **left ventricular outflow tract**, likely the cause of the murmur. 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. Turbulence and mild excessive outflow velocity in the right ventricular outflow. 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

- Hypertrophic cardiomyopathy phenotype. However, hyperthyroidism and systemic hypertension may be playing a role.



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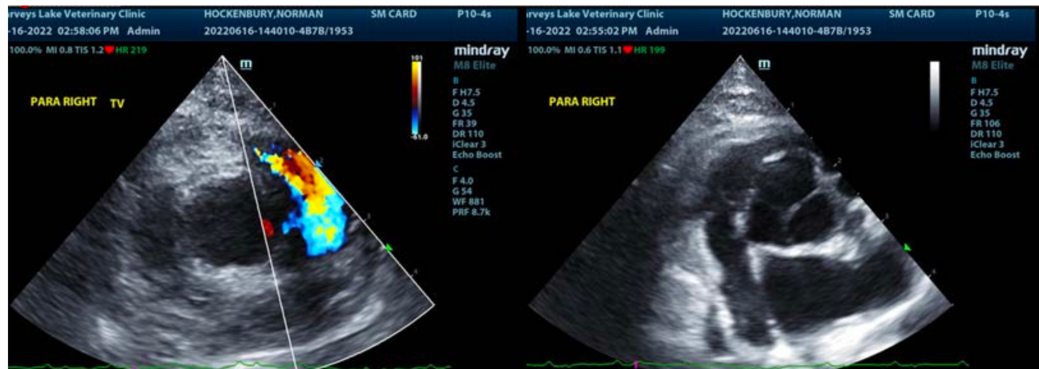
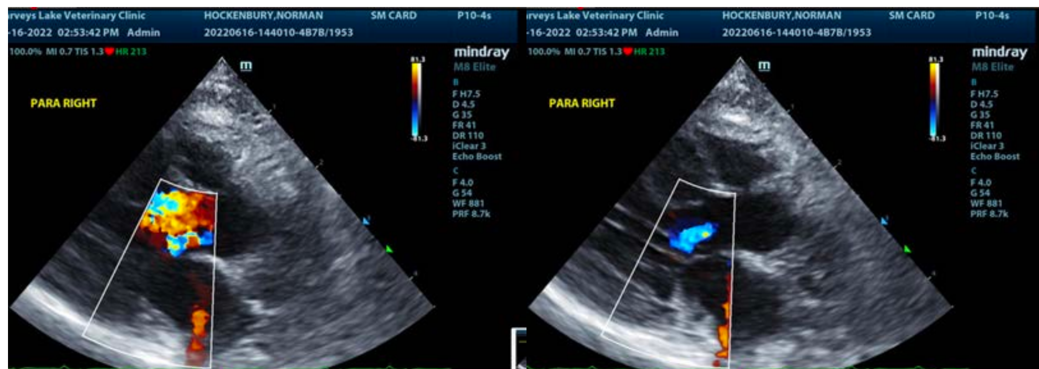
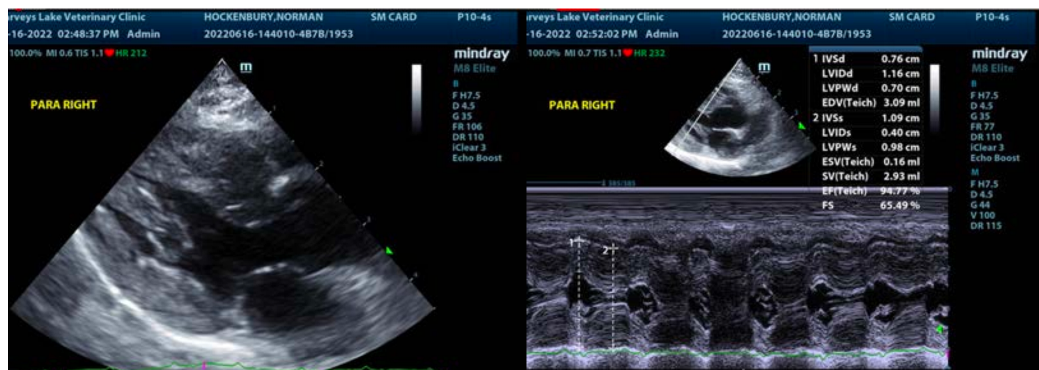
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor anesthetic risk in this patient. Amlodipine therapy to reach a consistent target systolic blood pressure of <160 would be appropriate. Torbutrol premed, Propofol induction, Isoflurane maintenance recommended, as far as anesthetic protocol. Recheck echo in 6 months. No cardiac medications recommended, unless basal heart rate is >200, then Atenolol therapy could be considered at 6.25 mg SID to BID. However, this is not likely necessary at this point.

Radiographs: Mild hepatomegaly. Normal cardiac and pulmonary vascularity, minor hyperinflated lung field.







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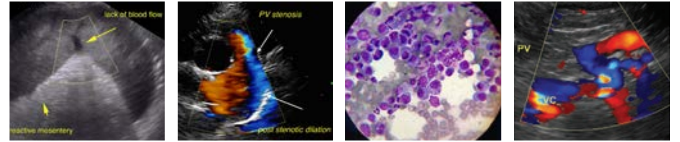

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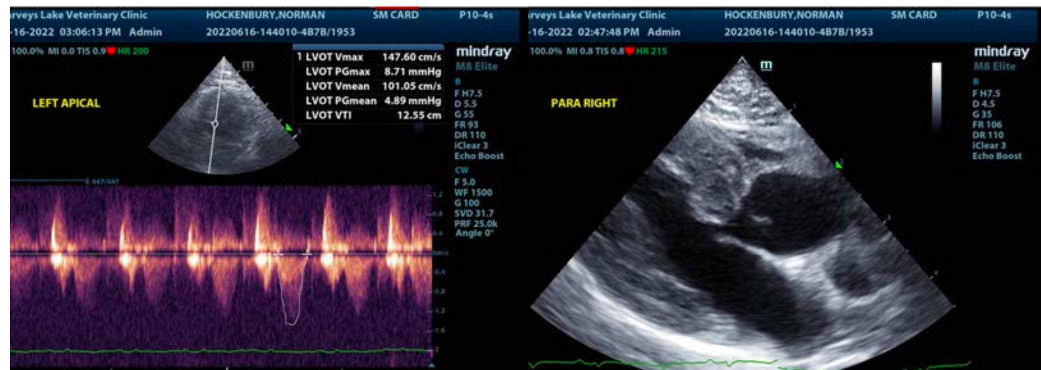

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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