



PATIENT PRESENTING CLINICAL SIGNS

LOVER BOY ROGERS

History: New onset murmur. Presented lethargic on 6/21 to RDVM.
 Abnormal PE/Chem/CBC/UA Results: Grade IV/VI L sided murmur Current medications: furosemide - 12.5 PO BID Pimobendan - 2.5 mg am; 1.25 mg PM

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Domestic Shorthair

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. Concentric and sectorial hypertrophy was noted in this patient with a fixed **left ventricular outflow** tract obstruction. Systolic anterior motion was also noted. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. Trace **pericardial** effusion was noted in this patient. However, this is not owing to left-sided overload or may be residual from prior failure as left atrial size is contained at this time. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

SEX

Neutered male

AGE

5 years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Patenburg

INVOICE

45044

DATE

6/29/23

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		187	0.57	1.52	1.0	58	90
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	1.4	1.4		5.5		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							

ULTRASONOGRAPHIC FINDINGS

Hypertrophic obstructive cardiomyopathy with contained left atrium.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend blood pressure monitoring to ensure that the patient is not hypotensive given the lethargy. Azotemia should be monitored carefully. It is debatable on whether Pimobendan would be appropriate as there is consensus for Pimobendan and hypertrophic phenotypes. Plavix therapy is



PATIENT

Lover Boy Rogers

indicated. If resting heart rate is > 200 then Atenolol therapy can be considered. I recommend assessing other causes of lethargy other than cardiac disease at this time. The target respiratory rate is < 25/minute. I recommend diminishing Lasix in this patient to 6.25 mg b.i.d. and monitoring the respiratory rate and chest radiographs. Recheck echocardiogram is recommended in 1-3 months. Pronogis si guarded.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

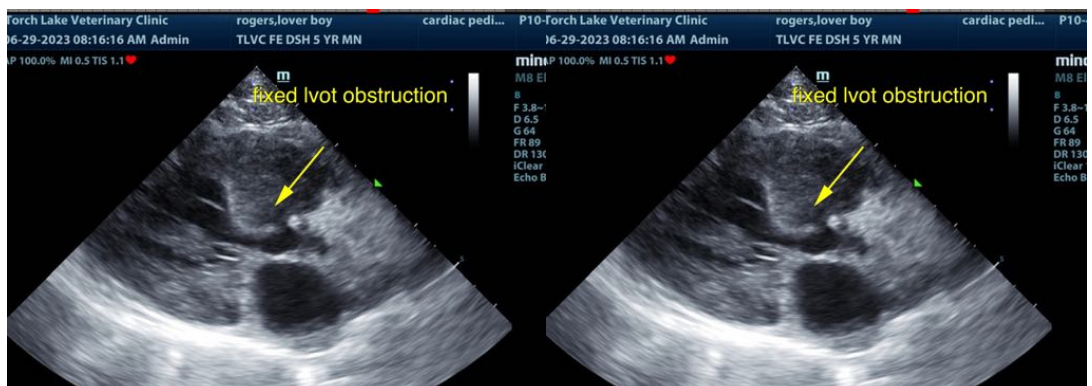
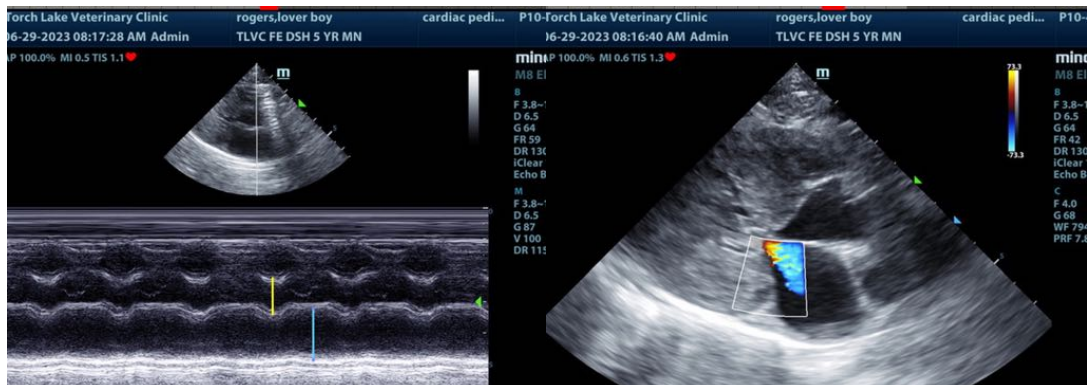
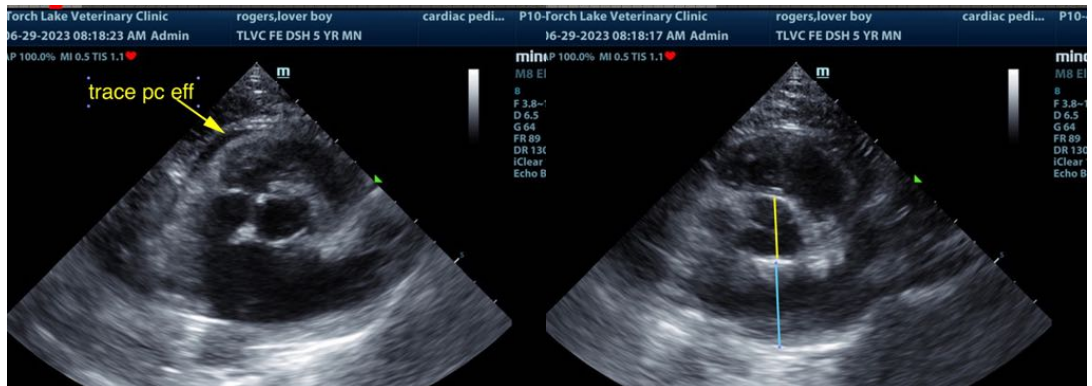
Dr. Patenburg

INVOICE

45044

DATE

6/29/23





PATIENT

Lower Boy Rogers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

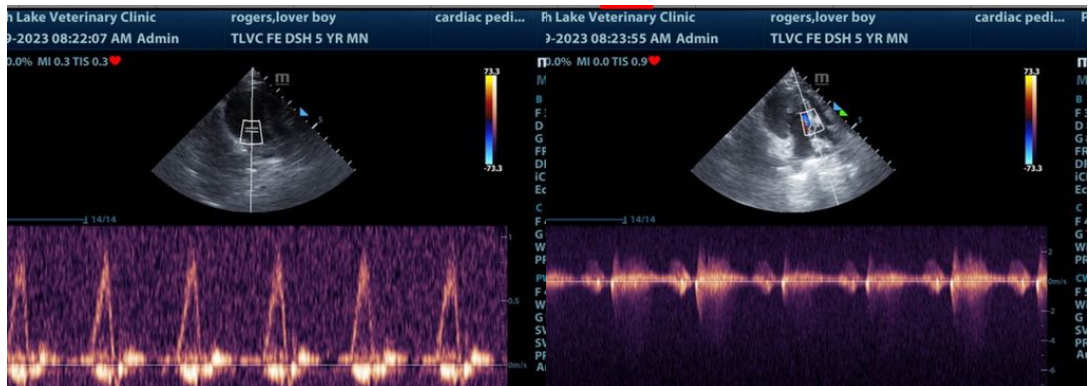
Dr. Patenburg

INVOICE

45044

DATE

6/29/23



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