



PATIENT

Tico Miano

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15.75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tudini

HOSPITAL NAME

Fetch the Vet Mobile
Veterinary Practuce

REFERRING VET

Dr. Tudini

INVOICE

46532

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Patient has had a long standing cardiac murmur for many years prior to establishing care with us recently. Routine bloodwork found patient had developed hyperthyroidism and ProBNP was also elevated. Following regulation of hyperthyroidism, ProBNP level remained elevated and so scheduled for echo and BP's for further assessment given long standing history of a cardiac murmur. Patient is asymptomatic at this time. Patient currently receives felimazole 2.5mg PO BID and doing well. Patient received Gabapentin 100mg 2 hrs prior to scan and 0.4mg/kg Butorphanol IV immediately prior to scan

Abnormal PE/Chem/CBC/UA Results: Cardiovascular Notes: - Normal rate and rhythm auscultated. - Grade 3/6 systolic murmur ausc that owner reports is longstanding - Femoral pulses were synchronous and of good quality. - No other pertinent clinical findings on p/e other than BCS 7/9 Biochem: T4 1.7 at most recent exam previously 5.3 (04/28) Pro BNP 799 (06/14) and 709 (04/28) CBC: Unremarkable Feecal: NPS BP's: 156/99 (105) HR: 247 bpm

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. **Mitral** valve insufficiency was noted. **Myocardial** remodeling was noted and **left ventricular** free wall hypertrophy was noted. Sectorial hypertrophy was noted in the left ventricle with a pronounced left ventricular papillary muscle. The **left ventricular outflow** tract demonstrated turbulent laminar flow. 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. The **pericardial** and pleural spaces were unremarkable with minor, excessive thoracic fat.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	15.75 lbs	NM	0.65	1.6	0.8		
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	1.6	1.6 max				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							



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ULTRASONOGRAPHIC FINDINGS

Moderate, hypertrophic cardiomyopathy phenotype with prominent left atrium, yet within normal limits.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no specific therapy recommended at this time, yet the patient may need medication in the future as long as basal respiratory rate is <25, heart rate <180 and systolic blood pressure < 160. No treatment is warranted. Recheck echocardiogram is recommended in 6 months.

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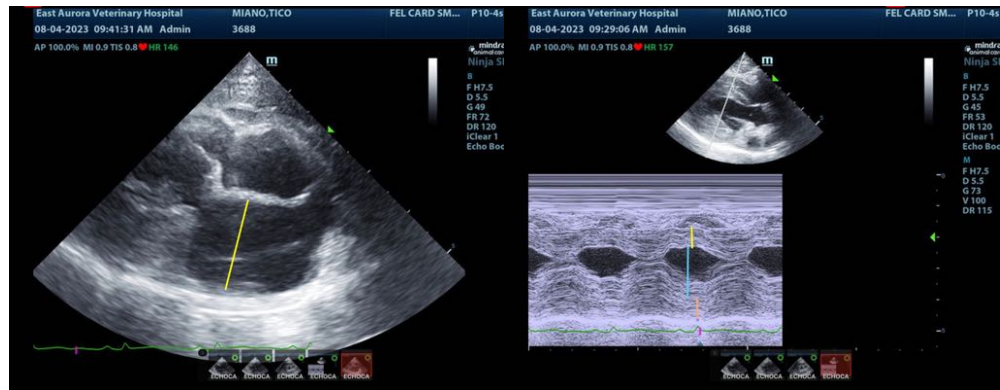
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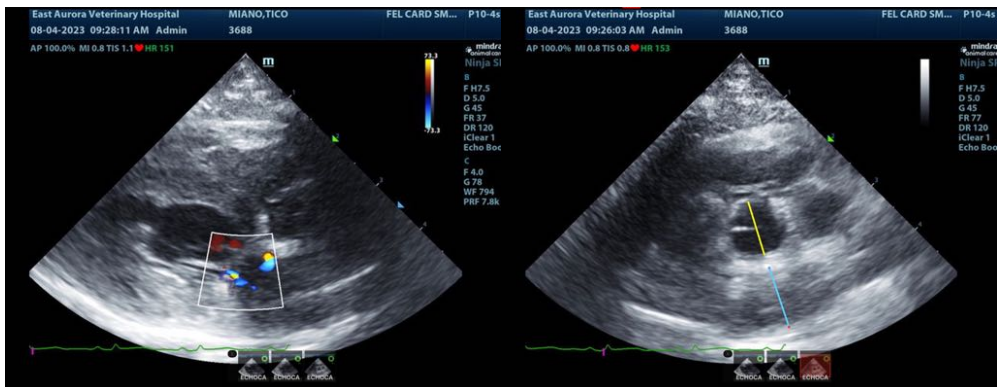
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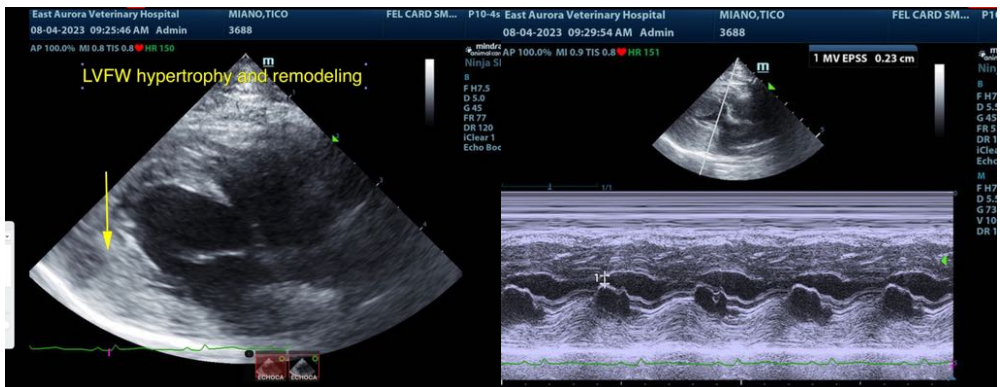


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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