



**PATIENT**

Johnny Sulzmann

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

11.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bailes

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

Dr. Bailes

**INVOICE**

91956

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

History: Chronic hx of presumptive IBD - well managed w/ pred EOD, vitamin B12 and LID diet. Chronic hx of stable 2 CKD. Severe dental disease. Heart murmur first noted 11/2020 - has been stable since being noted but patient scheduled for dental cleaning next week so want to make sure OK for anesthesia.

Abnormal PE/Chem/CBC/UA Results: Weight loss noted today; 6-7% dehydrated; severe MCS atrophy dorsum. stable 3-4/6 systolic murmur - PMI L base. Severe dental disease w/ halitosis recheck bloodwork/UA pending

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** valve insufficiency was noted at 3 m/sec. 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 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** 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.

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	0.43	1.7	0.4	48	83
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	1.1	1.4	1.0	0.9	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							



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**ULTRASONOGRAPHIC FINDINGS**

Johnny Sulzmann

Normal echocardiogram with trivial mitral insufficiency. No evidence of clinical cardiac disease.

**SPECIES**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Feline

There is no contraindication to anesthetic procedure. There is no contraindication to anesthetic procedure. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. There is no evidence of cause of weight loss based on the echocardiogram.

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**SEX**

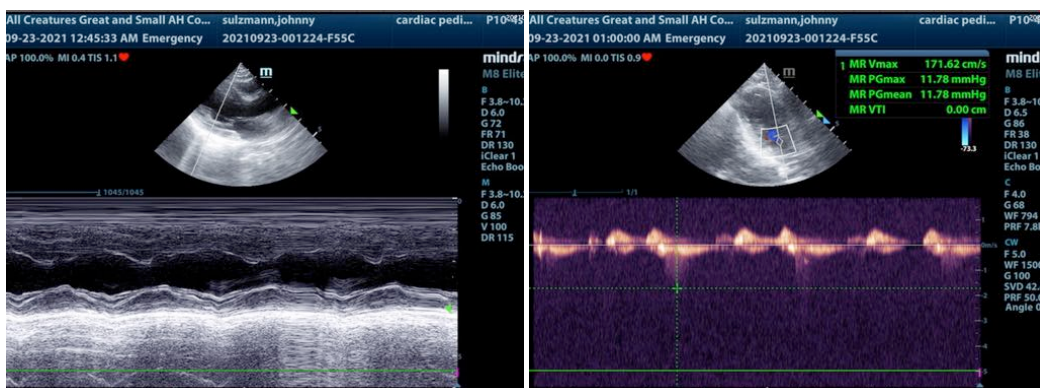
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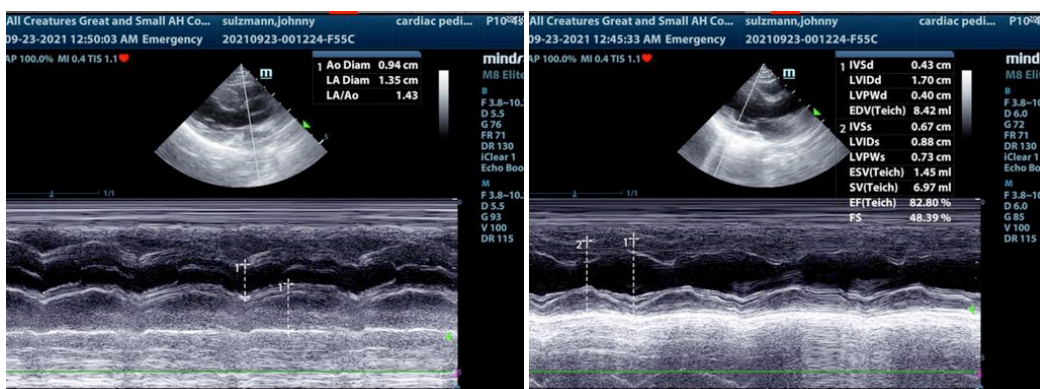
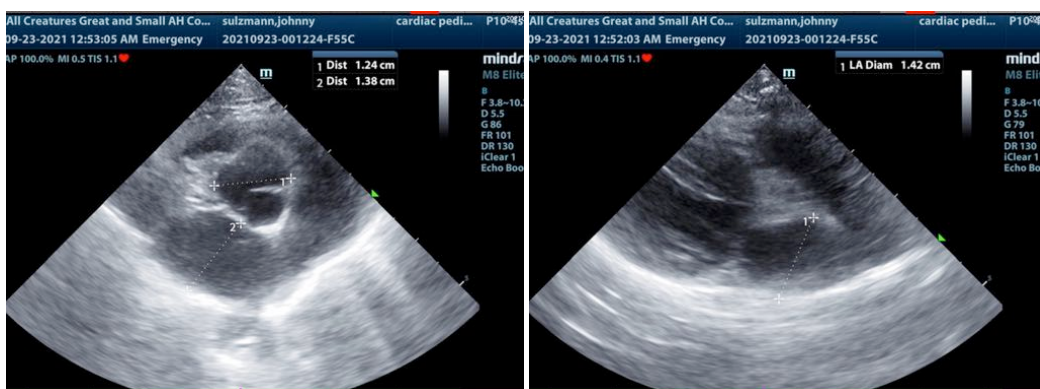
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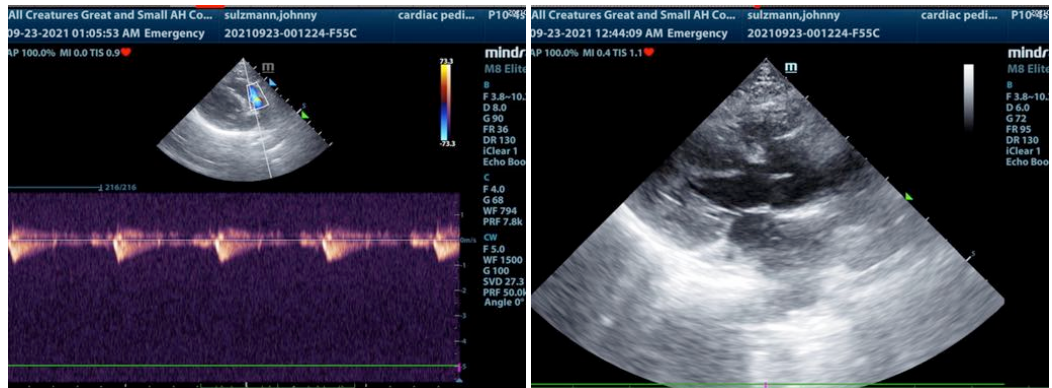
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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13 years

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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