



PATIENT PRESENTING CLINICAL SIGNS

Linkin Thurston

History: murmur 4/6

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 months

WEIGHT

6.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Advanced VC

INVOICE

92038

DATE

9/28/21

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The **mitral** revealed insufficiency. 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 aortic valve was thickened and irregular with significant insufficiency. The **aortic insufficiency** measured 5.2 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency was noted at 2.8 m/sec. 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		150	0.35	2.17	0.43	30	61
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	1.35	1.3	1.33	2.0	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							

ULTRASONOGRAPHIC FINDINGS

Aortic valve dysplasia with insufficiency.

Ventricular septum was somewhat nebulous in some views.

Mitral and tricuspid insufficiency.



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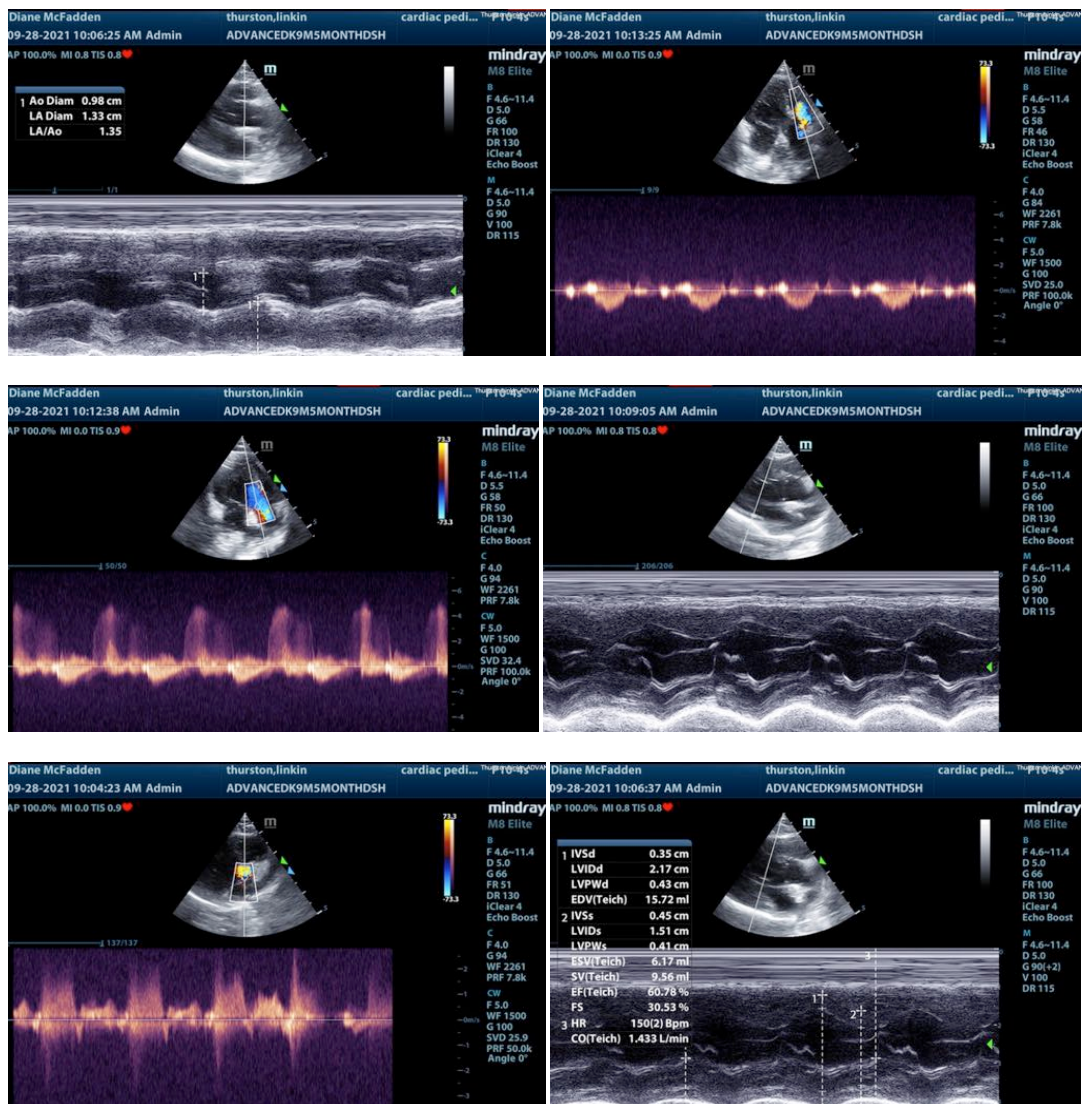
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out a concurrent, minor ventricular septal defect. It appears compensated at this time. However, long term prognosis is guarded. Historical causes of endocarditis should be evaluated. This is likely a congenital lesion; however, an acquired lesion owing to endocarditis. A past history of endocarditis is possible. This appears compensated at this time. However, at the end of the growth phase this may be a significant issue. No treatment is warranted at this time. The patient is at mild to moderate anesthetic risk. If anesthesia is necessary then I recommend Torbutrol premed, Propofol induction, and Isoflurane maintenance. A recheck echocardiogram is recommended in 3 months. Cardiology referral would be ideal in this case for further evaluation and definition.





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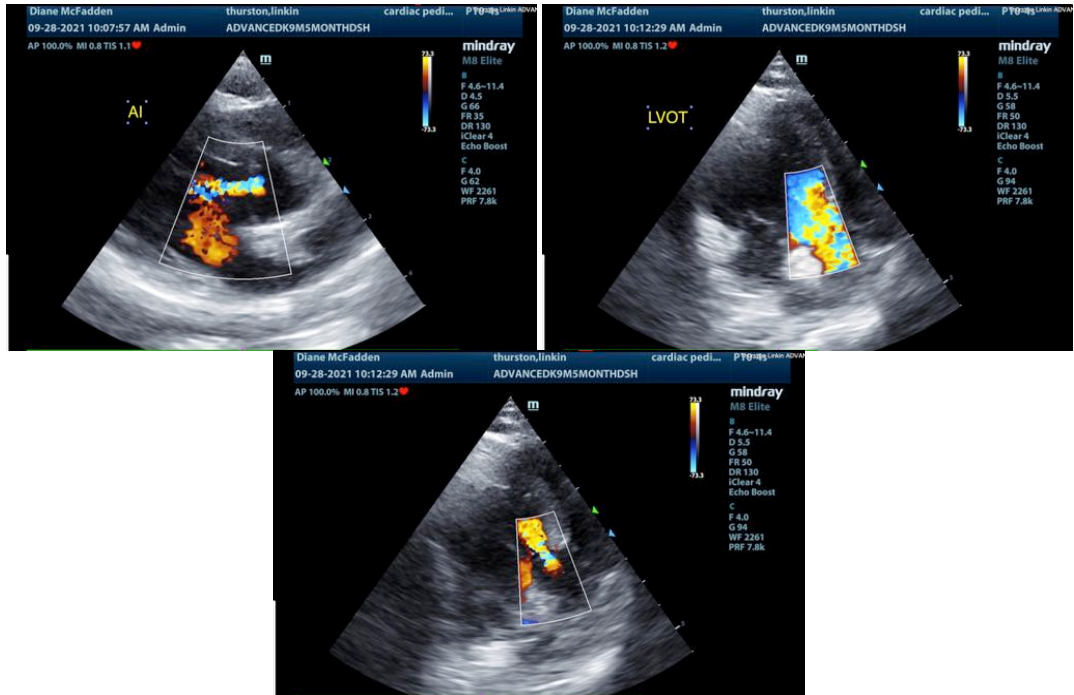
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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