



**PATIENT PRESENTING CLINICAL SIGNS**

Milo Betka

History: Murmur on exam when seen for Eye discharge and feeling off. History of Chronic Kidney Disease.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: HEAR MURMUR GRADE II/VI, BILATERAL EYE DISCHARGE AND IRRITATION, GRADE 3 DENTAL DISEASE, RIGHT SIDE UPPER MOLAR ENCASED IN TARTAR AND SIGNIFICANT GINGIVITIS (8/4/21) Urinalysis: SG- 1.030 pH- 6.5 Sediment- clear UPC: NA CBC: good Chem: SDMA 21, Creat 2.8, BUN 41 Spec fPL: 18.3 Cardiopet proBNP: 563 (MURMUR HEARD) TT4: 2.6 FT4: 2.7 (possible emerging thyroid condition)

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Neutered male

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** valve insufficiency was noted in this patient and is likely the source of the murmur, yet not clinically significant. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Mild **myocardial** remodeling was noted in this patient. **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.

**AGE**

16 years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

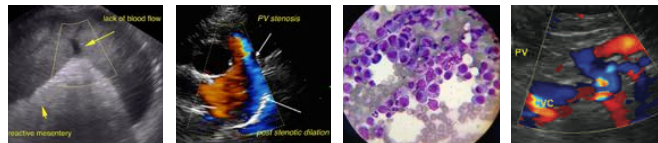
**INVOICE**

91728

**DATE**

9/8/21

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	10.8 lbs	NM	0.4	1.4	0.45	50	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	1.3	1.1 max	1.3	1.1	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							



**PATIENT**

Milo Betka

**ULTRASONOGRAPHIC FINDINGS**

Trivial mitral insufficiency, likely the source of the murmur.

There is no evidence of significant disease.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no contraindication to anesthetic procedure if necessary. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

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**WEIGHT**

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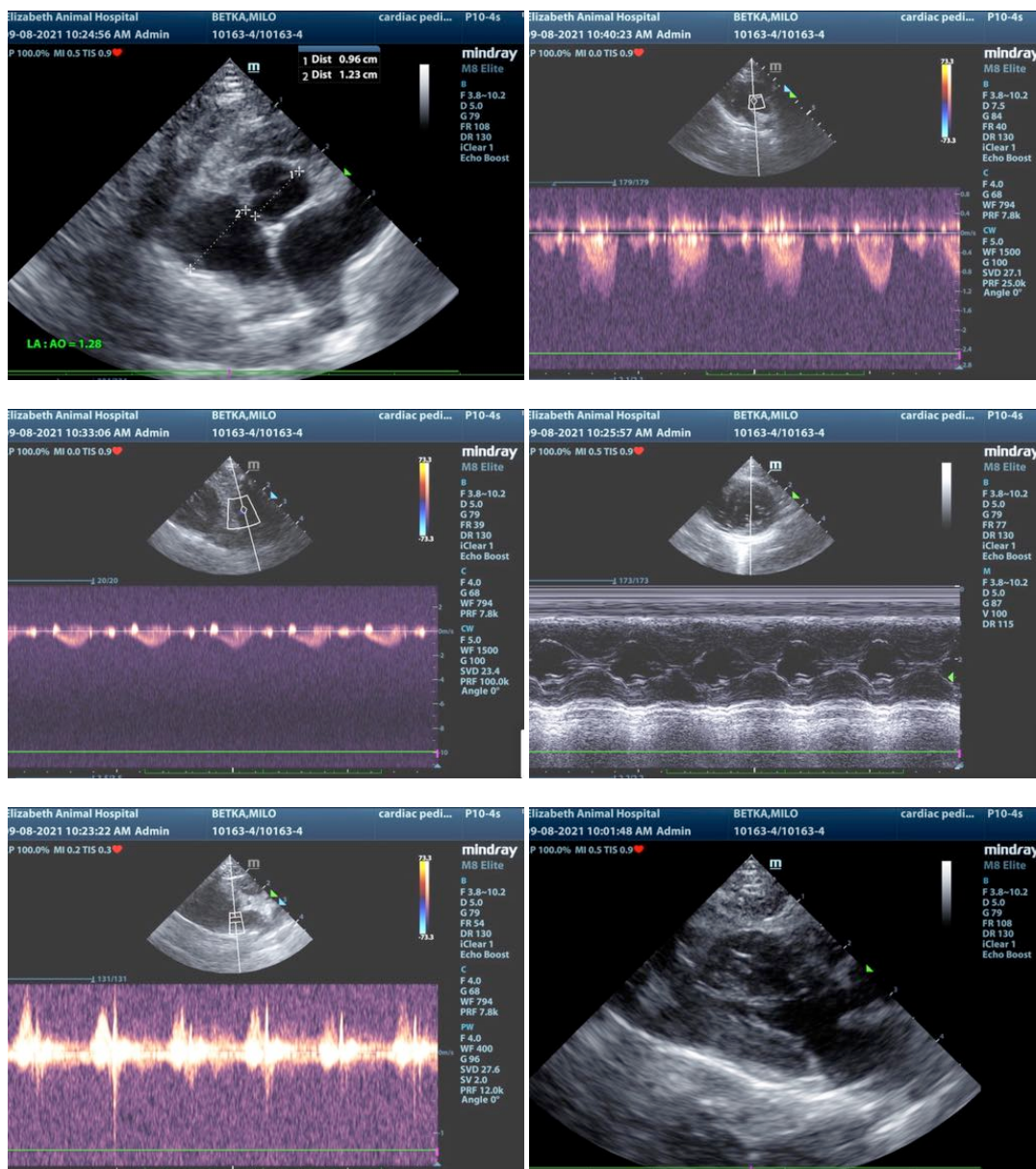
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**PATIENT**

Milo Betka

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

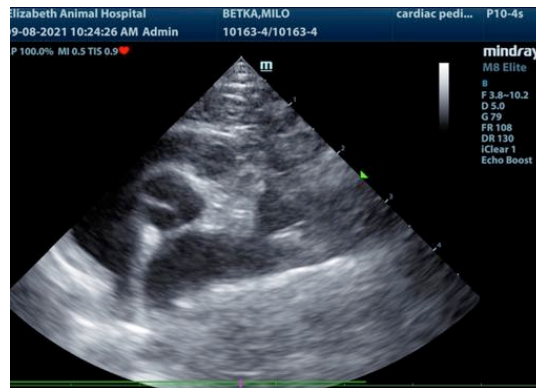
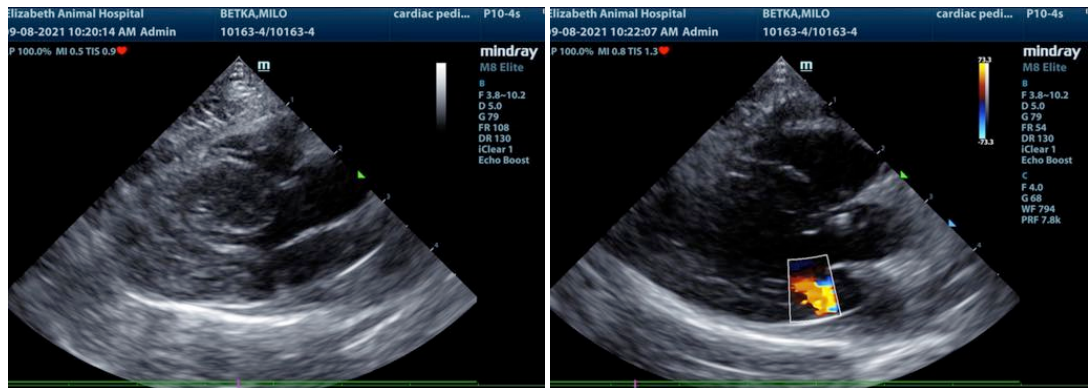
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com