
PATIENT PRESENTING CLINICAL SIGNS

Jack Mathena History: No heart murmur noted Right axis deviation present on pre-operative ECG Enlarged cardiac silhouette noted on thoracic radiographs

SPECIES Abnormal PE/Chem/CBC/UA Results: mild neutropenia BP - 114/70 (85); 120/80 (93) HR/RR/BP - 164/30/85

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 yrs

WEIGHT

11.9 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. 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. There is approximately 3.0 x 1.0 cm of cranial mediastinal fat.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Winney

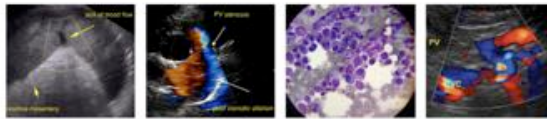
INVOICE

30940

DATE

6/9/22

| 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 | 11.9 lbs | NM | 0. | 1.2 | 0.5 | 45 | 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 | 1.2 | 1.2 | 1.2 max | 1.0 | 0.8 | 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 ULTRASONOGRAPHIC FINDINGS

Jack Mathena Normal echocardiogram.

SPECIES Excessive cranial mediastinal fat.

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED There was no evidence of structural or functional disease. There is no contraindication to anesthetic procedure if necessary.

Domestic Shorthair

SEX

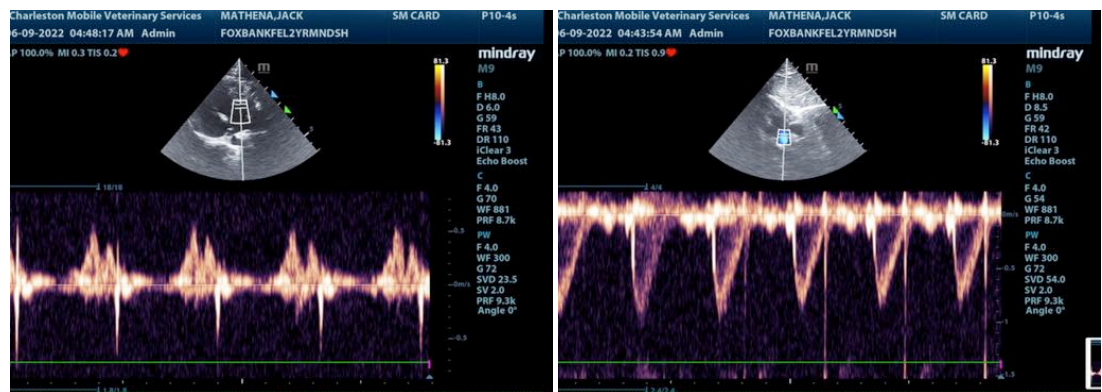
Neutered male

AGE

2 yrs

WEIGHT

11.9 lbs

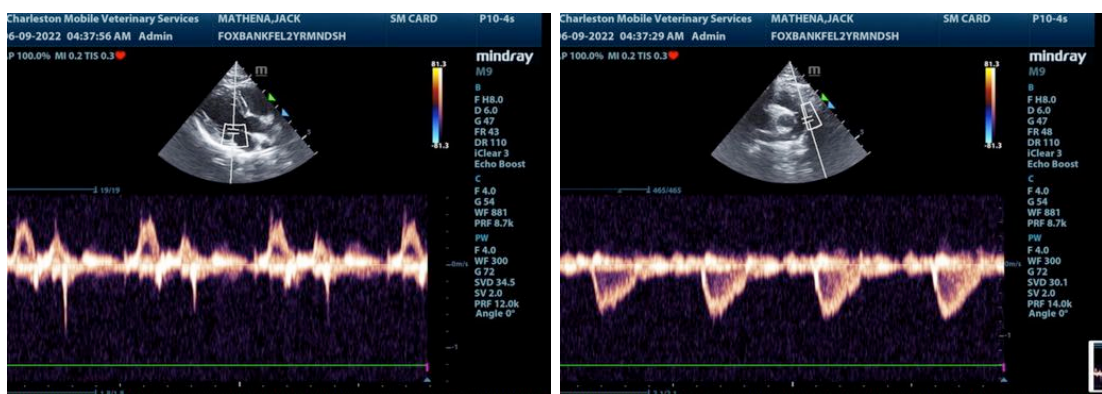


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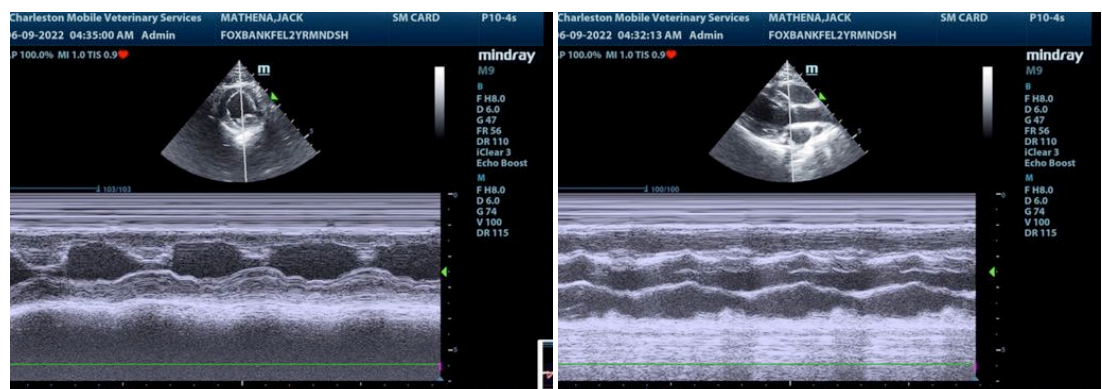
Dr. Winney

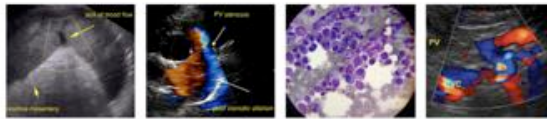
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PATIENT

Jack Mathena

SPECIES

Feline

BREED

Domestic Shorthair

SEX

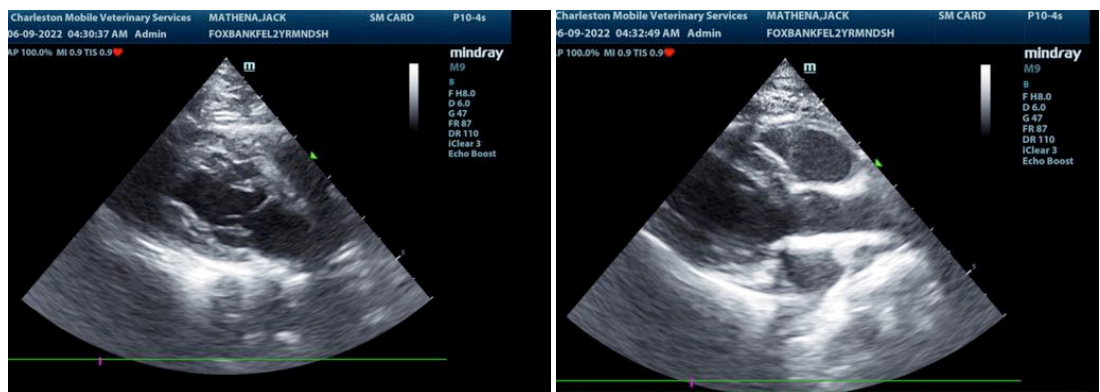
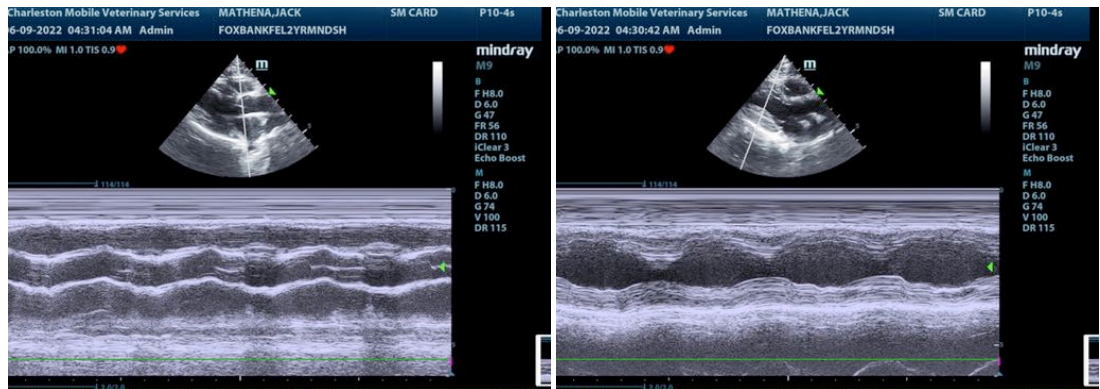
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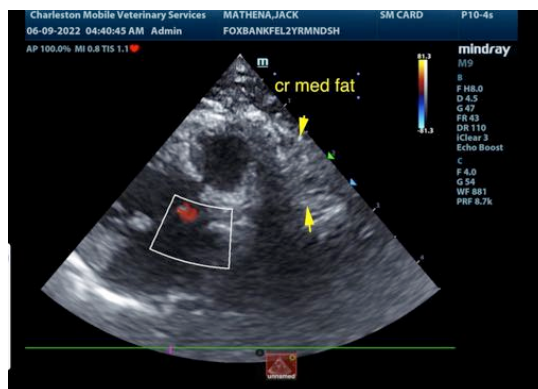
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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