



PATIENT

Nilo Andrusyszyn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

12.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carolina Veterinary
Mobile

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Davis

INVOICE

46572

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: P seen on 8/9/23 for annual and vax, arrhythmia and murmur heard on exam ProBNP 24 (0-100) P given 0.1 ml IV Torb and hub of ace

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 septal and free wall thicknesses that are fairly normal to slightly hypertrophied, yet this may be secondary to arrhythmogenic activity and volume contraction. 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. Arrhythmia was noted in this patient.

| 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 | 12.4 lbs | NM | 0.51 | 1.26 | 0.62 | 64 | 94 |
| 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 | | 1.1 | 1.25 max | 1.25 | 0.96 | 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

Essentially normal heart with arrhythmogenic activity. EKG is warranted as well as treatment based on EKG results.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Systemic disease, infectious agents and blood pressure measurements should all be considered. Blood pressure measurements can all be considered. No specific cardiac therapy is warranted other than anti-arrhythmic therapy based on EKG. Bartonella testing and empirical treatment for myocarditis with Enrofloxacin and Clindamycin combination over a 10 day period and reassessment of the rhythm can also be considered empirically depending upon infectious agents in your region to address the potential of infectious myocarditis in this patient.

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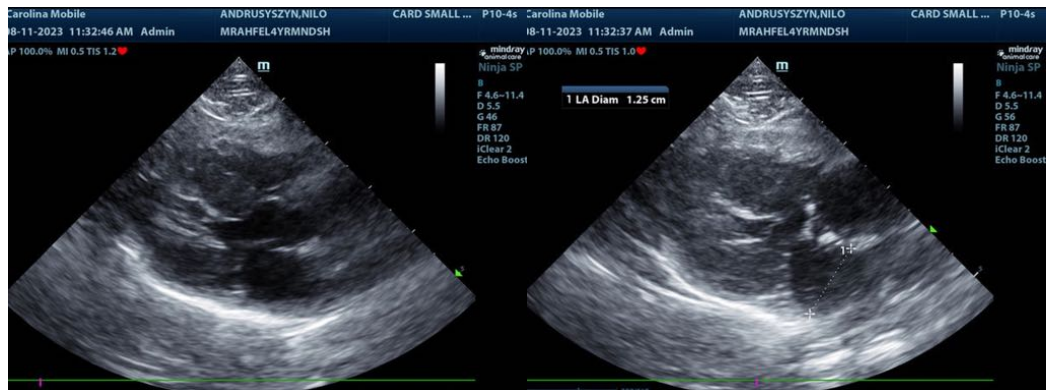
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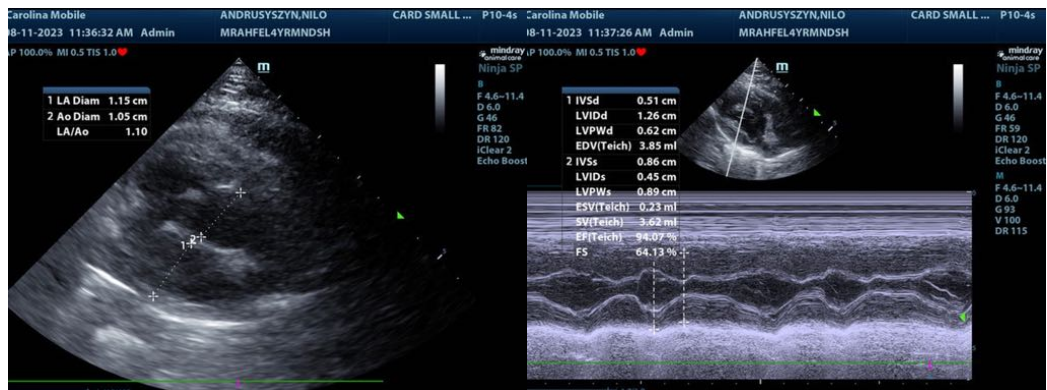
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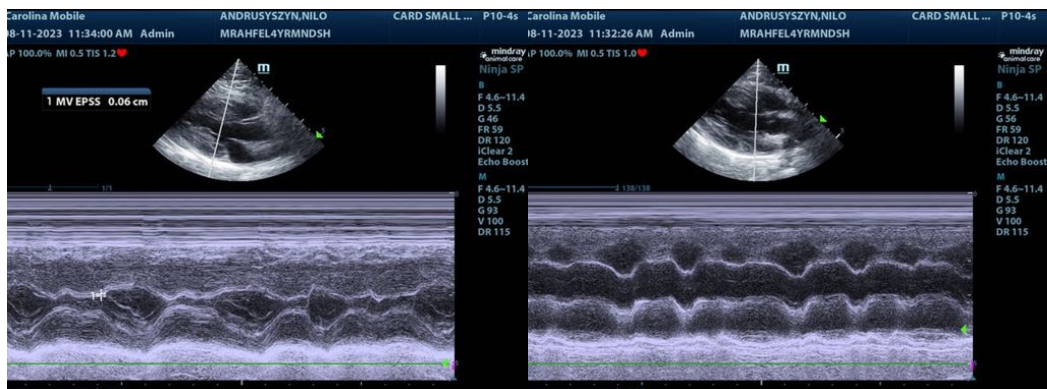
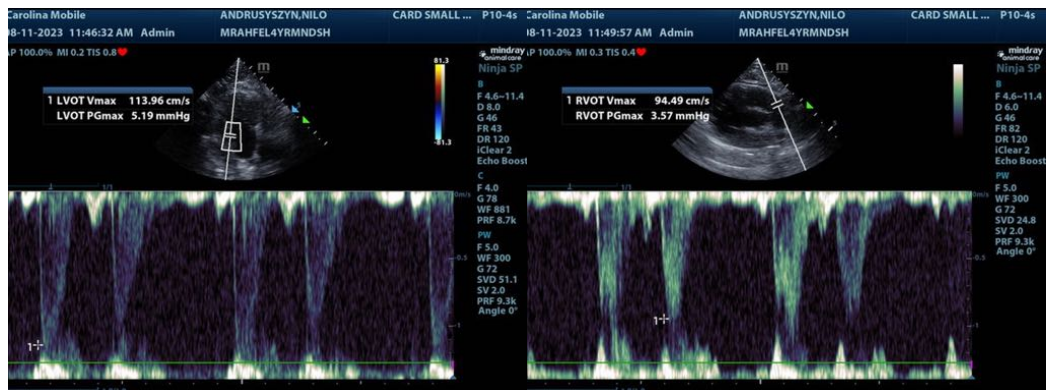
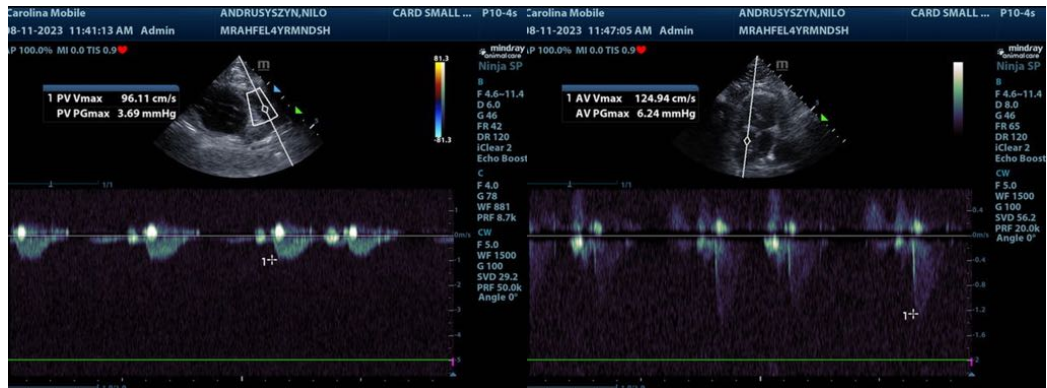
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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