

PATIENT

Oakley Storr

PRESENTING CLINICAL SIGNS

History: came for neuter, murmur was heard, advised to do echo before surgery

SPECIES

Feline

BREED

Maine Coon

SEX

Intact male

AGE

10 months

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Dog and Cat of Niagara

REFERRING VET

Dr. Aziz

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Minor **mitral** valve insufficiency was noted on color flow assessment. The **left ventricle** presented minor concentric hypertrophy in this patient with a very small ventricular septal defect noted on color flow Doppler. This is not clinically significant at this time. 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. Trivial **tricuspid** insufficiency was noted at 1.57 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.

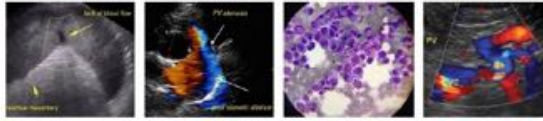
FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	13.5 lbs	NM	0.6	1.76	0.6	59	91
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (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		1.6	1.7		1.04	1.35	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							

INVOICE

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DATE

12/15/22



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ULTRASONOGRAPHIC FINDINGS

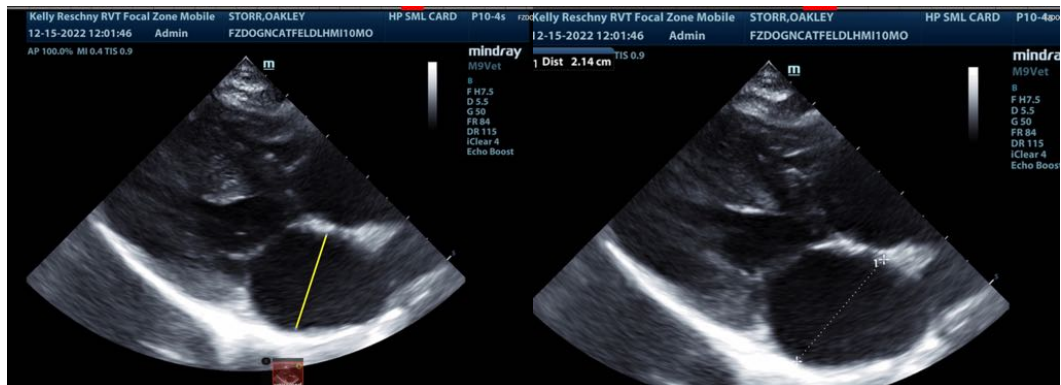
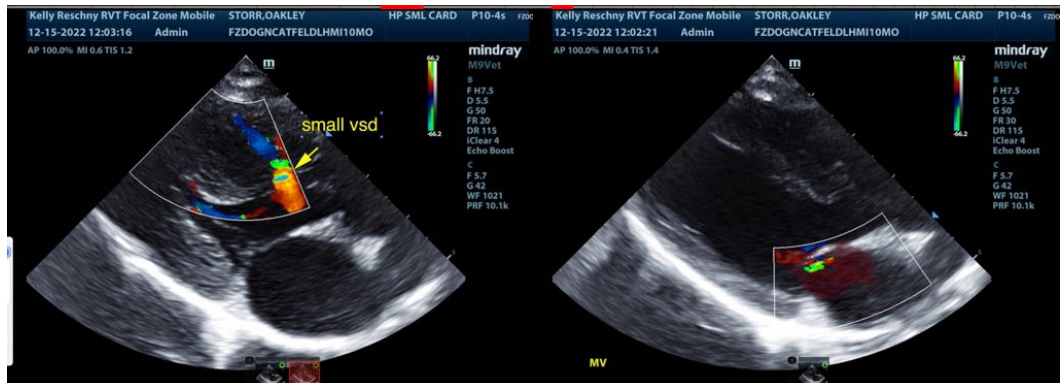
Mitral and tricuspid insufficiency no clinically significant.

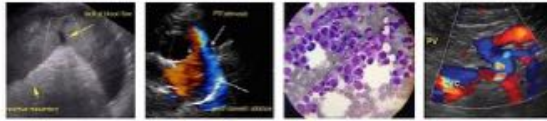
Small ventricular septal defect.

Normal LA size for a Maine coon as are the left ventricular thicknesses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echocardiogram is recommended in 6 months. The small VSD may close on its own. CW Doppler is recommended to assess the VSD velocity would be ideal. This can be performed under sedation at the time of surgery. The murmur is likely due to the VSD especially if louder on the right heart. The left ventricular thickness for a Maine Coon is essentially normal. This is not hemodynamically significant; however, if any murmurs are present in the breeding-line then I recommend an echocardiogram to assess for a congenital defect. This defect may close on its own. There is no contraindication for anesthetic procedure at this time. This will not likely cause a clinical issue in this patient's lifetime. Further evaluation of this would be recommended in 6 months. Torbutrol pre med, Propofol induction and Isoflurane maintenance is recommended.





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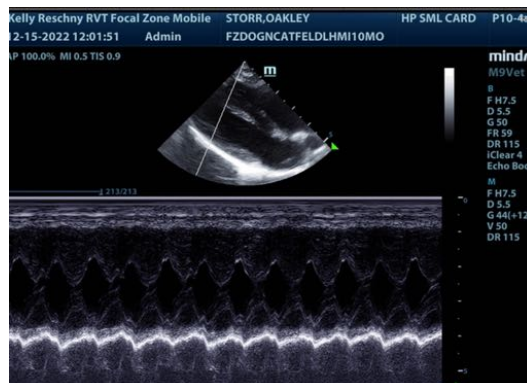
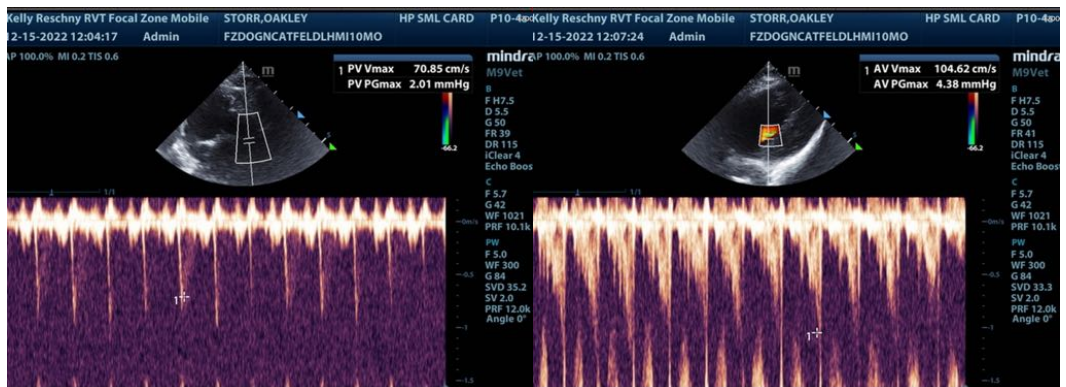
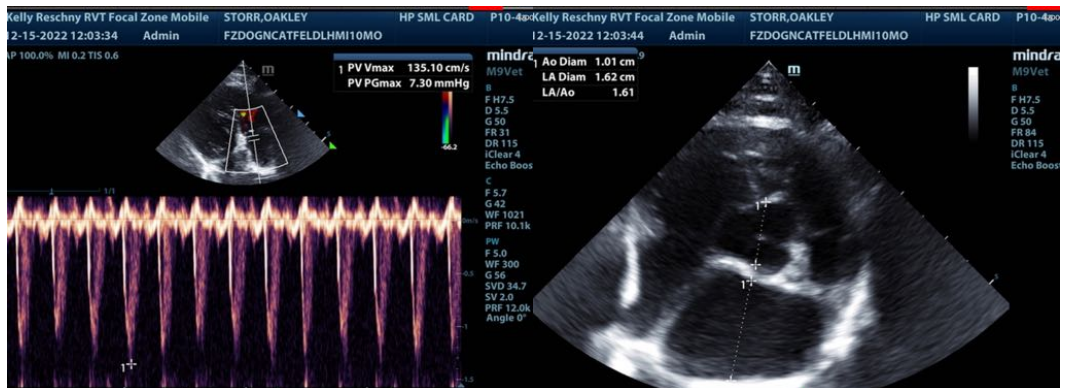
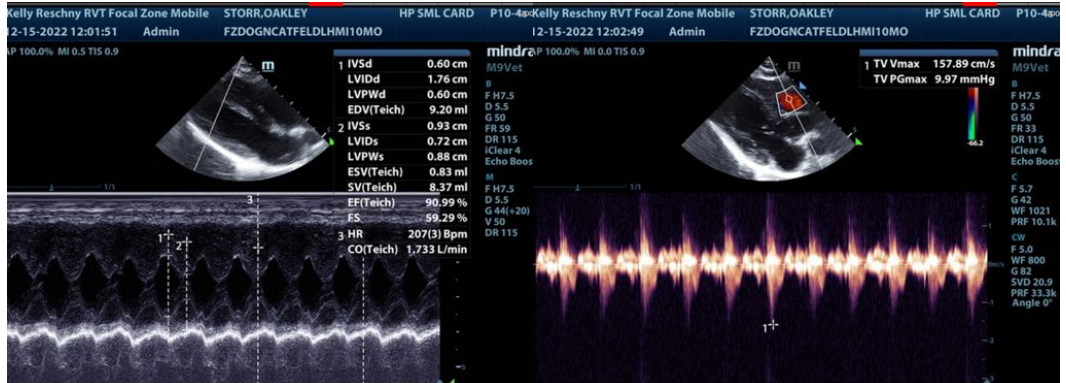
Dr. Aziz

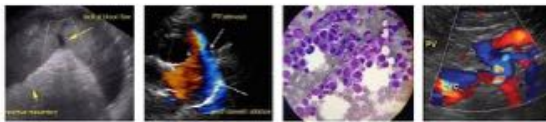
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
Eric.Lindquist@SonoPath.com

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