

PATIENT

Shauni Willie

PRESENTING CLINICAL SIGNS

History: grade 4/6 murmur, CKD meds: benazepril, aventi kidney
Abnormal PE/Chem/CBC/UA Results: elevated BUN, creat, tp, SDMA

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Savannah

SEX

Spayed female

AGE

15 years

WEIGHT

INTERPRETED BY9 lbs

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm) Short axis	LVWd (cm) Short axis	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4.09	142	0.48	1.58	0.32	44	NM
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	1.50	1.5	NM	1.7-1.8	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

Echocardiographic findings

Mitral valve

- Valve leaflets: Mild thickening and irregularity of both leaflets consistent with myxomatous degeneration
- Mitral regurgitation: Mild
- Left atrium: Within normal limits (WNL)
- LA: Ao ratio: WNL
- Left ventricle: WNL
- No evidence of "smoke"
- Systolic anterior motion of the mitral valve only noted on one view

Tricuspid valve

- Valve leaflets: No abnormalities
- Tricuspid regurgitation: Mild 1.46 m/s
- Right atrium: No enlargement
- Right auricle: No enlargement
- Right ventricle: No enlargement

INVOICE

32173

DATE

5/9/22

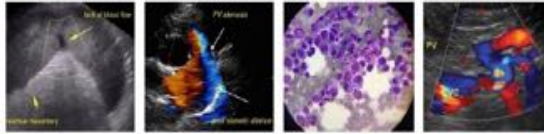
Kelly Reshny, RVT

HOSPITAL NAME

St. Catharines AH

REFERRING VET

Dr. Boctor



PATIENT

Aortic valve

Shauni Willie

- Valve leaflets: No abnormalities
- Aortic insufficiency: Absent
- Turbulent blood flow in the left ventricular outflow tract: Severe

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Feline

Pulmonic valve

- Valve leaflets: No abnormalities
- Pulmonary insufficiency: Absent
- Turbulent blood flow in the right ventricular outflow tract: Severe
- Main pulmonary artery and bifurcations: no abnormalities
- Pulmonary artery: aortic ratio within normal limits.

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Other

- Pulmonary edema: Absent
- Pericardial and pleural effusion: Absent
- Pulmonary veins: NAF
- Intracardiac mass: No obvious signs
- Papillary muscles: Mild to moderate hypertrophy of the apical papillary muscle
- Endocardium: NAF
- Myocardium: Very mild hyperechogenicity of the papillary muscles (short axis “mushroom view”)

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ULTRASONOGRAPHIC FINDINGS

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Cardiac

The heart is within normal limits other than the severely turbulent blood flow in the left and right ventricular outflow tracts. Both may occur secondary to stress (tachycardia).

IMAGING PERFORMED BY

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Hyperthyroidism should be excluded as an underlying cause, if not already performed.

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Very mild myxomatous degeneration of the mitral valve, which is attributed to age-related changes.

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Treatment for cardiac disease is not necessary.

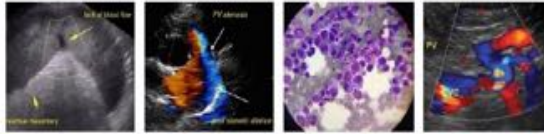
Note, the interventricular septum is at the high end of the normal reference range (at the infundibulum), therefore, a re-evaluation is suggested in 6-8 months.

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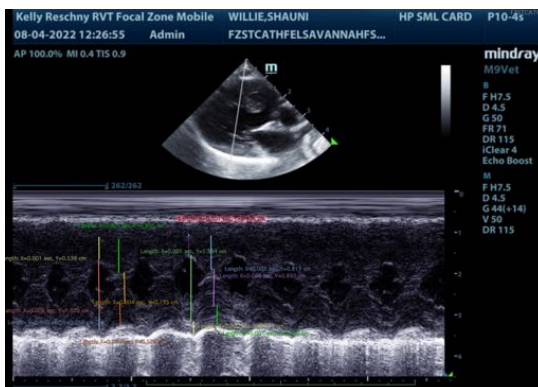
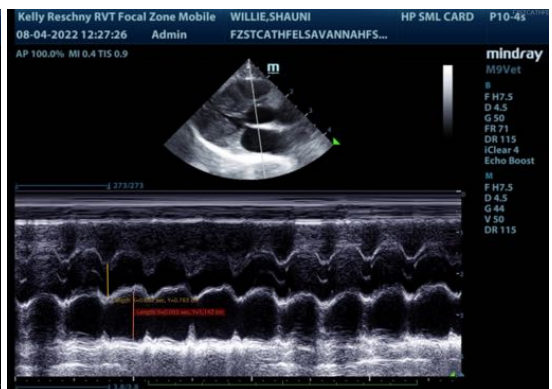
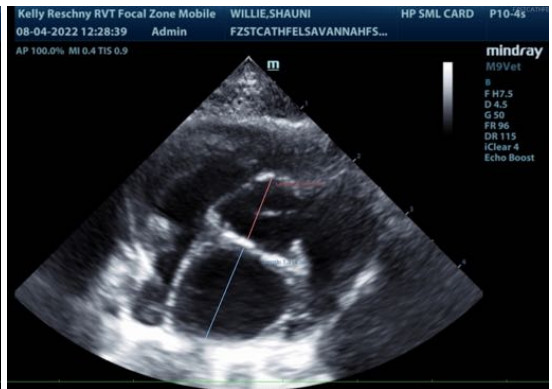
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

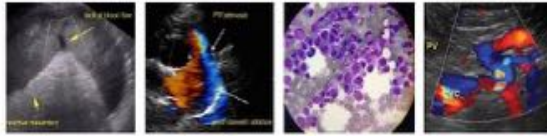
Cardiac

An arterial blood pressure

Although somewhat of an “over cautious” approach, monitoring of the resting (sleeping) respiratory rate (RRR) may be performed once to twice a month (due to high normal interventricular septum at the infundibulum). The RRR should NOT EXCEED 30 breaths per minute (bpm). If the respiratory rate is greater than 30 bpm, or if there is a gradual increase (over a day or two) toward 30 bpm, the patient should be evaluated immediately for congestive heart failure and the appropriate treatment initiated.

An echocardiogram is suggested in 6-8 months to ensure her parameters remain stable.





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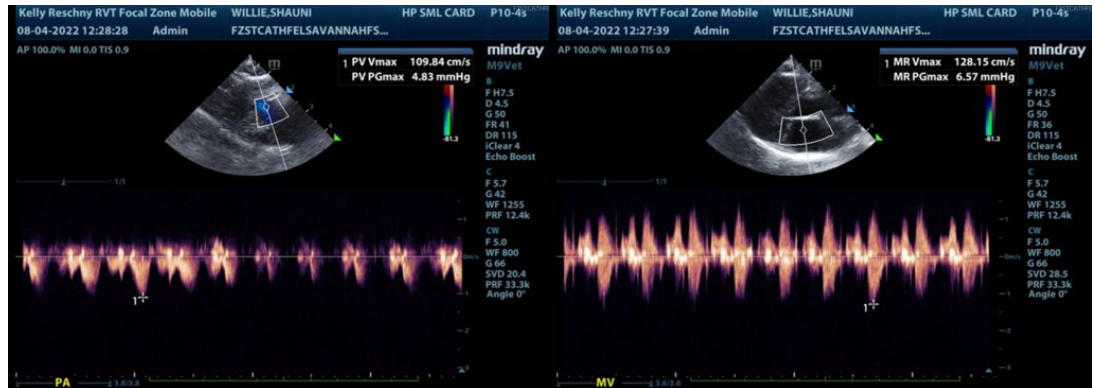
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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