



PATIENT

Mochi Nicoletta

PRESENTING CLINICAL SIGNS

History: Grade III/VI systolic murmur L and R chest. Asymptomatic, no current meds.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

9.2 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm) Long axis	LVWd (cm) Long axis	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4.18	139	0.50	1.30	0.67	Avg 45	78
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	1.44	1.41	1.32	1.24 Mildly turbulent	0.83 laminar	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

An arrhythmia was not visualized during the echocardiogram.

Mitral valve

- Valve leaflets: Multiple chordae tendinae attach along both valve leaflets. *Septal* leaflet: anatomically normal, however, turbulent blood flow created as a result of abnormal attachments of the chordae tendinae from the apical papillary muscle to the septal leaflet, particularly at the very tip of the leaflet. Abnormal attachments of chordae tendinae from the apical papillary muscle to the interventricular septum also present. *Posterior* leaflet: normal anatomically, but appears slightly tethered at its base to the papillary muscle of the left ventricular free wall.
- Mitral regurgitation: very mild (2.47 m/s)
- Left atrium: No left atrial enlargement (2D long axis view = 1.32 cm)
- Left auricle: Within normal limits (WNL)
- LA: Ao ratio: Within normal limits
- Left ventricle: WNL, but low end of reference range
- "smoke": No evidence
- E and A waves: Reversal of E and A

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

East Plane AH

REFERRING VET

Dr. Rosen

INVOICE

30950

DATE

6/9/22



PATIENT	<i>Tricuspid valve</i>
Mochi Nicoletta	<ul style="list-style-type: none"> Valve leaflets: No obvious abnormalities, although difficult to assess due to interference of lungs Tricuspid regurgitation: Trivial
SPECIES	<ul style="list-style-type: none"> Right atrium: WNL Right auricle: WNL Right ventricle: WNL
Feline	
BREED	<i>Aortic valve</i>
Domestic Shorthair	<ul style="list-style-type: none"> Valve leaflets: No abnormalities Aortic insufficiency: trivial Turbulent blood flow in the left ventricular outflow tract: Mild to moderate within the LV at level of chordae tendinae and LVOT
SEX	
Neutered male	
AGE	<i>Pulmonic valve</i>
3 years	<ul style="list-style-type: none"> Valve leaflets: No abnormalities Pulmonary insufficiency: absent Main pulmonary artery and bifurcations: no abnormalities
WEIGHT	<i>Other</i>
9.2 lbs	<ul style="list-style-type: none"> Pulmonary edema: absent Pericardial and pleural effusion: absent Pulmonary veins: NAF Intracardiac mass: No obvious signs Papillary muscles: Mild to moderate hypertrophy of the interventricular and left ventricular papillary muscles, and severe hypertrophy of the apical. Endocardium: NAF Myocardium: subtle, multifocal, ill-defined, hyperechoic areas throughout the LVFW and IVS
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Shari Reffi, CVT	Cardiac
HOSPITAL NAME	A form of <i>mitral valve dysplasia</i> causing hypertrophy of the papillary muscles and secondary turbulent blood flow in the LVOT. The left atrium is within normal limits and contractility is not affected. The internal dimension of the left ventricle during diastole is not decreased, but is trending toward the low end of the normal reference range. Furthermore, mild hypertrophy of the left ventricular free wall is present (0.64 cm).
East Plane AH	
REFERRING VET	Treatment for cardiac disease at this stage is somewhat “clinician dependent” (see below).
Dr. Rosen	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
30950	Cardiac
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6/9/22	An arterial blood pressure



PATIENT

If possible, the client should monitor Mochi's heart rate at home at rest and following exercise, and also monitor for a regular *rhythm* (palm of one's hand or an inexpensive stethoscope).

Mochi Nicoletta

Determine if he has the stamina of a "normal" 3 year old cat, including time to recovery following play.

SPECIES

Monitoring of the resting (sleeping) respiratory rate (RRR) is highly recommended once a day for a few weeks to obtain a baseline.

Feline

A decision to initiate therapy, atenolol vs. an ACEI will depend on Mochi's

BREED

- Heart rate at rest and following exercise – if higher than normal at rest or if excessively high following exercise or if there is a significant recovery time between play and achieving a normal heart rate
- If his resting (sleeping) respiratory rate is in the mid 20s or if his respiration tends to be rapid and shallow at rest
- Finances may play a role in the decision, including cost of blood work to monitor renal function, and most importantly,
- Mochi's demeanour, i.e. it may be more detrimental to medicate him if he is a very anxious cat and will be stressed every time he receives medication and it will affect his bond with his "pet parent".

Domestic Shorthair

SEX

Neutered male

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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.

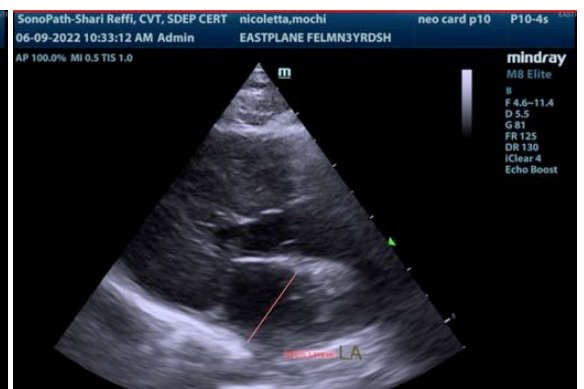
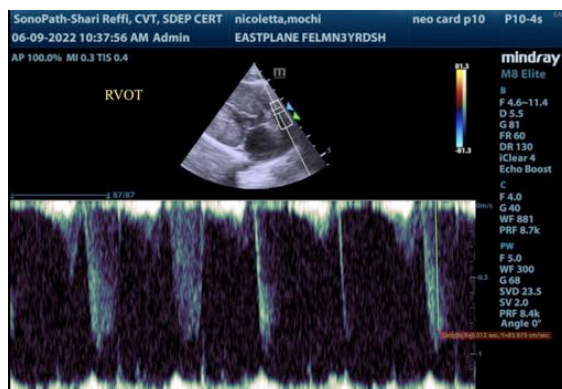
WEIGHT

9.2 lbs

An echocardiogram is highly recommended in 6-8 months to ensure his parameters remain stable.

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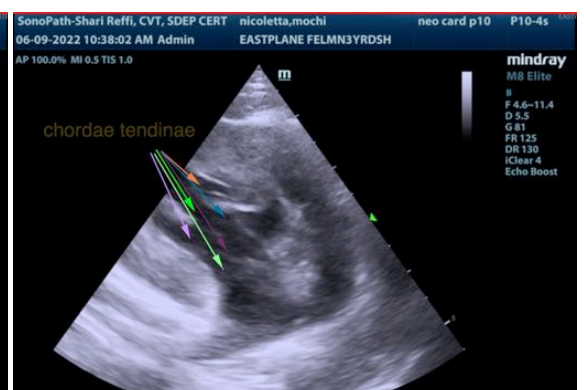
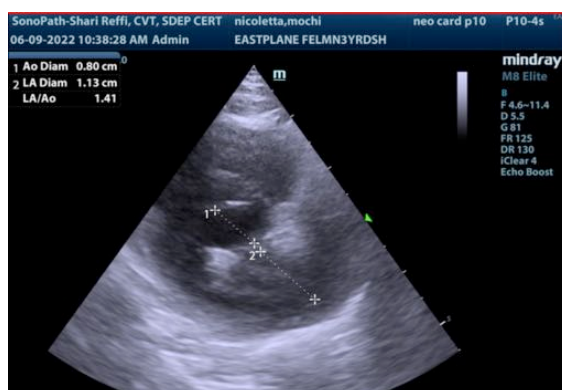
Shari Reffi, CVT

HOSPITAL NAME

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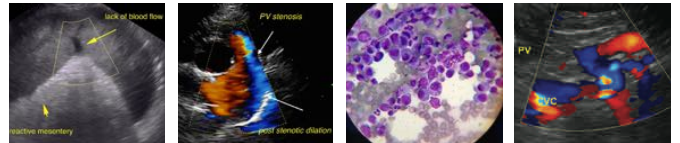


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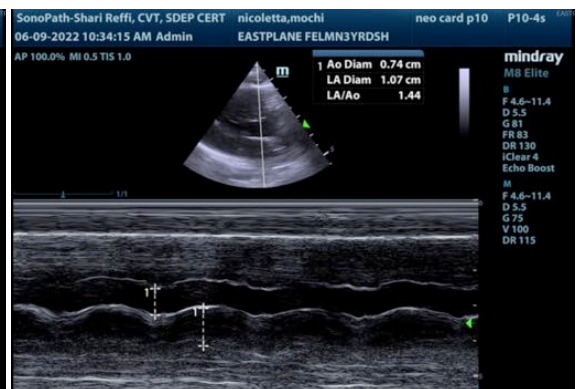
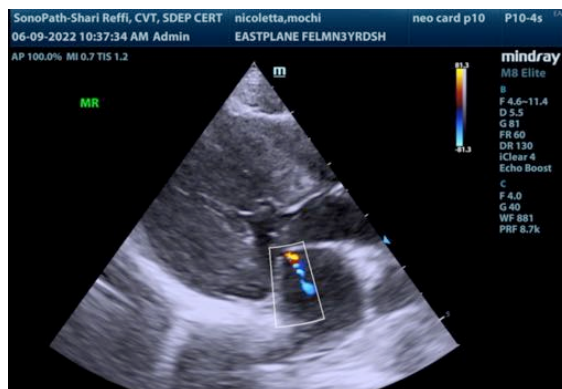
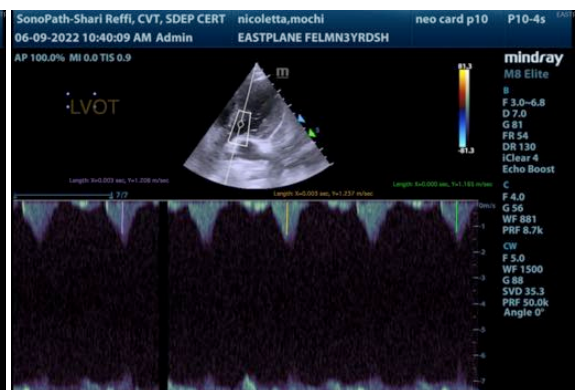
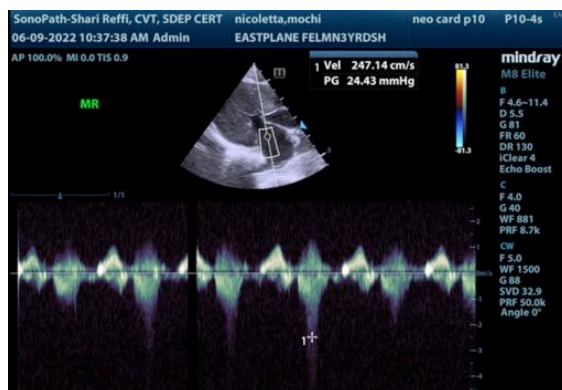
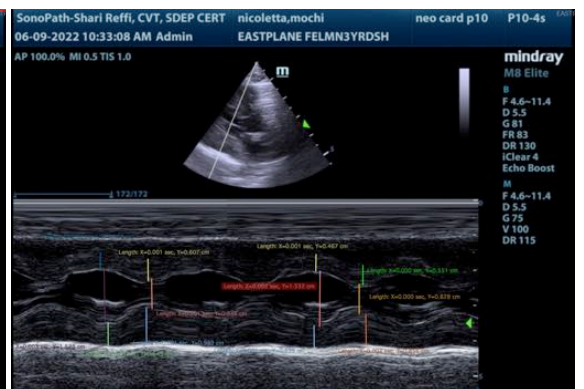
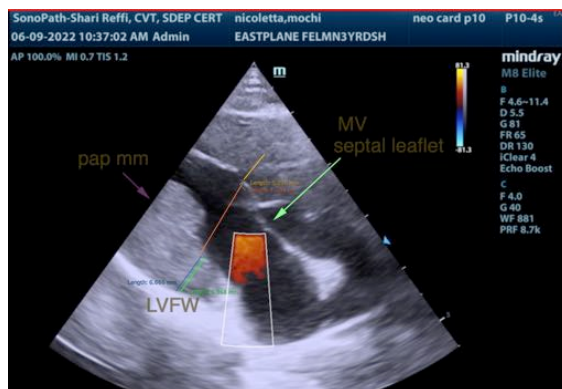
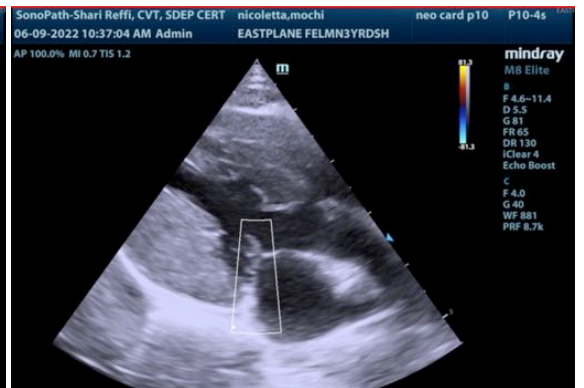
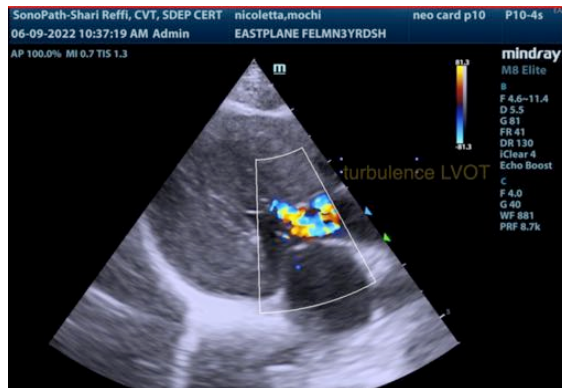
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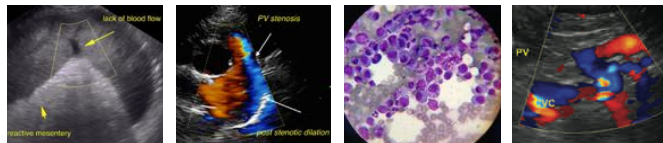
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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