

PATIENT

George Strupp

SPECIES

Feline

BREED

Maine Coon

SEX

NM

AGE

7 years

WEIGHT

15 lbs

PRESENTING CLINICAL SIGNS

Second opinion on heart murmur. Presented on 1/7/22. DX'd with heart murmur at another clinic
Abnormal PE/Chem/CBC/UA Results: 4/6 systolic murmur, loudest sternally.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	--	188	0.51	1.35	0.46	52.6	87.5
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	1.32	1.22	1.48	<2.0	1.15	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							

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

13377

DATE

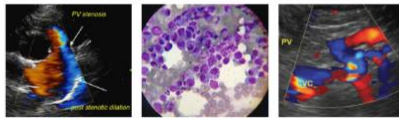
1/10/22

Cardiac Presentation

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. No evidence of mitral valve insufficiency on color doppler assessment. No evidence of SAM. The **left ventricle** presented normal thicknesses with maintained linear contour and was not dilated nor restricted. NO evidence of hypertrophic IVS or LV free wall changes as well as no evidence of significant papillary muscle hypertrophy. Discernable left atrial lumen was present during systole. 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.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function



PATIENT

- Normal left atrium

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of structural or functional cardiomyopathy, specifically, no evidence of HCM given the breed. Likewise, no evidence of significant valvular insufficiencies, stenotic disease or SAM was noted. A definitive cause of the murmur was not overtly evident. Assuming no evidence of volume changes (i.e., dehydration or anemia), potential for physiologic or flow murmur noted at elevated heart rate or potential small flow abnormality (not visualized here) possible. Regardless, the overall normal cardiac function as well as lack of left or right heart chamber enlargement indicates that the risk for current and future complication is low. No indication for cardiac medications. Serial echocardiographic monitoring could be considered in this patient given the breed propensity for HCM. Likewise, recheck echocardiogram suggested, if clinical signs consistent with heart disease develop or if murmur intensity persists/progresses.

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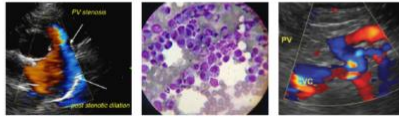


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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