



PATIENT

Minnie Farley

SPECIES

Feline

BREED

Siamese Mix

SEX

Intact Female

AGE

7 months

WEIGHT

6.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Willhelm

INVOICE

13040

DATE

1/11/22

PRESENTING CLINICAL SIGNS

no symptoms

Abnormal PE/Chem/CBC/UA Results: 3/6 murmur on left side

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		219	0.36	1.15	0.36	45.2	80.7
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	1.49	1.25	1.0	NM	0.97	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							

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 dysplastic changes or insufficiency on color doppler assessment. The **left ventricle** presented normal overall thicknesses with primarily maintained linear contour and was not dilated nor restricted. 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 subjective laminar systolic flow and subjective normal structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. No evidence of masses or chamber overload was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics without evidence of insufficiency on color doppler assessment. The **right ventricle** was of normal size (1/3 diameter of LV) with subjective normal chordae structure, myocardial echogenicity and overall thickness. **Pulmonic** tract assessment revealed overtly normal valve structure, laminar systolic flow, and diameter compared to the aorta. No visible **pericardial** or free pleura fluid was noted or extra cardiac



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pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal cardiac structure and function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy with a definitive cause of the murmur not readily identified. No overt evidence of a significant shunt, given the lack of LA or LV enlargement. Likewise, no evidence of stenotic disease, significant valvular insufficiencies or systolic dysfunction were noted. Potential considerations may include, assuming no evidence of volume changes i.e., dehydration or anemia, a physiologic flow murmur potentially audible at elevated heart rates or a small flow abnormality not visualized. The overall normal cardiac functionality and lack of left or right heart chamber enlargement indicate that the risk secondary to the murmur is low at this time. Conservative monitoring of the murmur would be appropriate. No indication for cardiac medications was noted. Recheck echocardiogram is suggested at 1 year of age, sooner if murmur intensity progresses or if clinical signs suggestive of cardiac disease develop.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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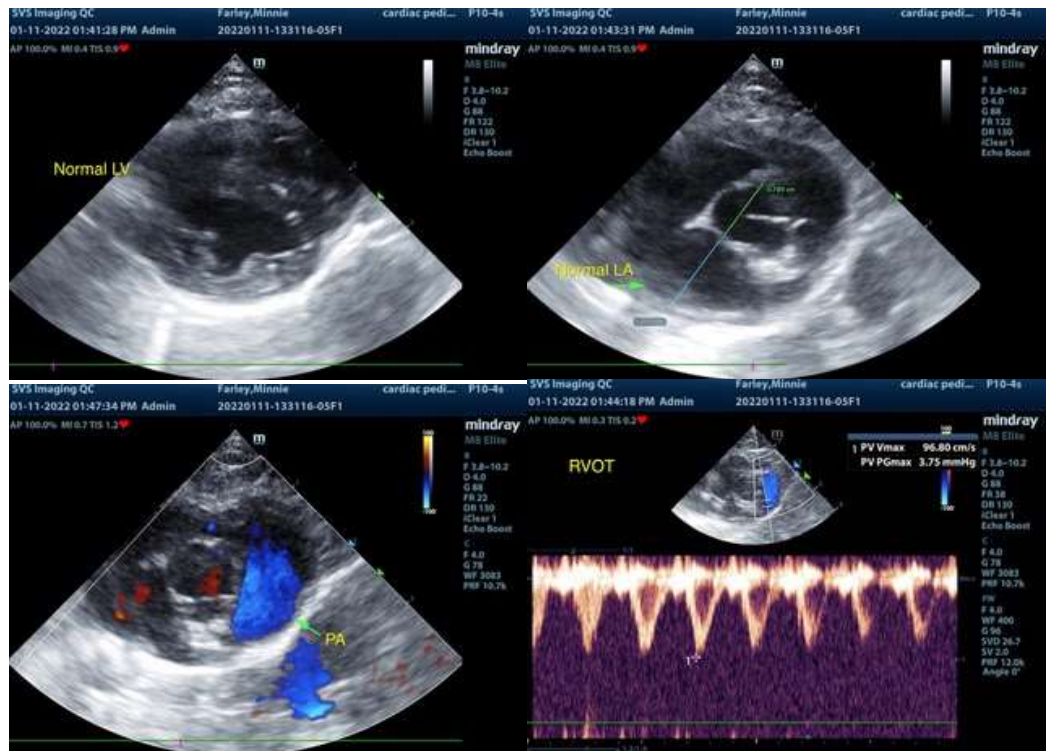
Dr. Wilhelm

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SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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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.

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