



PATIENT

Luna New

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Parsippany Troy Hills
AH

REFERRING VET

Dr. Dulude

INVOICE

15826

DATE

1/13/23

PRESENTING CLINICAL SIGNS

heart murmur 3/6

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		224	0.49	1.3	0.45	41	76
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		1.2	1.2	1.1	1.3	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 minor thickening with normal kinetics. Mild eccentric MR was present on Doppler. No overt SAM was noted. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. No HCM criteria. 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 mild turbulent to dynamic systolic flow with normal structural integrity. Normal measured LVOT velocity was noted. 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). Normal measured RVOT velocity was noted. 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**
- Mild eccentric MR
- Luna New
- Subjective mild dynamic LV outflow

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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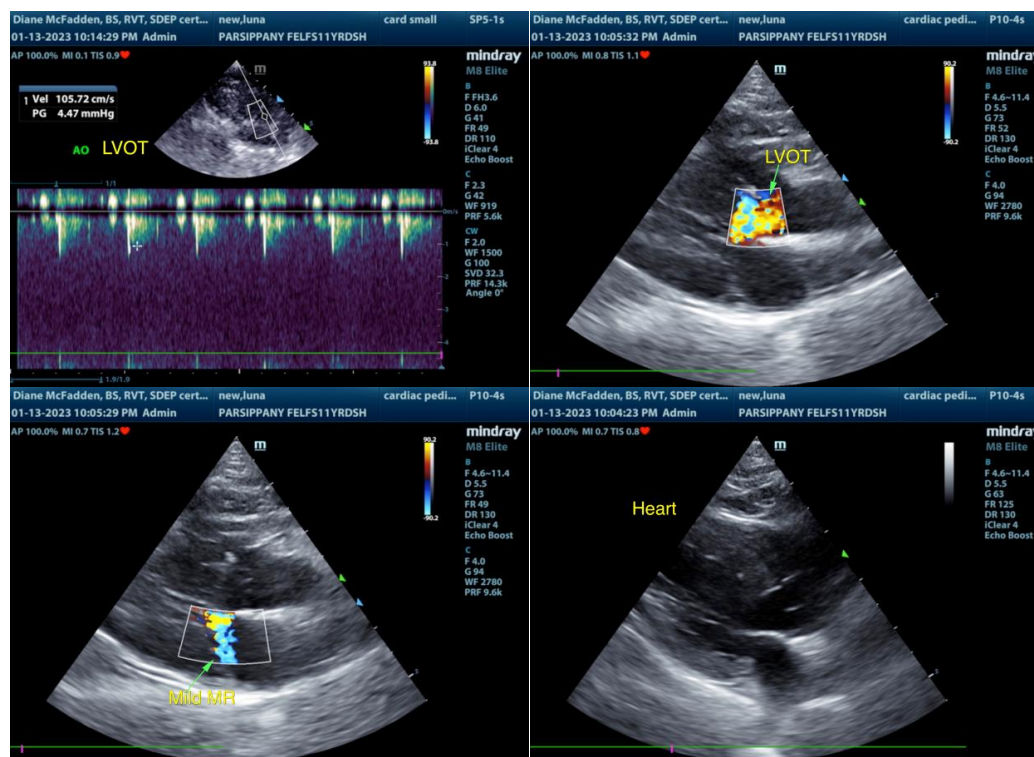
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No evidence of significant structural or functional cardiomyopathy such as HCM criteria, LV systolic dysfunction, left or right heart chamber enlargement, or clinical pulmonary hypertension. The murmur in this case is suspected to be an essential physiologic/flow murmur potentially owing to mild turbulent to dynamic LV outflow, as the mild MR is suspected to be inaudible. No obvious evidence of dynamic LVOT outflow.

Regardless, the lack of left or right heart chamber enlargement and normal overall cardiac function indicates that the hemodynamic effects of the murmur are low. No indication for cardiac medications. Conservative monitoring of the murmur is recommended. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise or if murmur intensity increases.





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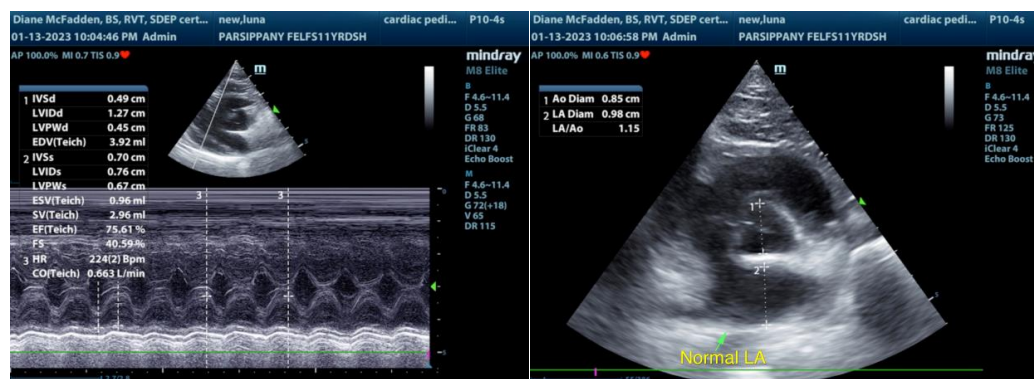
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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