



PATIENT

Mikey Ouchi

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 yrs

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview AC

REFERRING VET

Dr. Combe

INVOICE

10545

DATE

1/13/25

PRESENTING CLINICAL SIGNS

Was hyperthyroid, had radiation t, thyroid level normal. Has new heat murmur
 Abnormal PE/Chem/CBC/UA Results: mild neutropenia mild increase in BUN

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	5.17	NM	0.62	1.4	0.51	50	82
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1	1.2	1.2		1.0	1.6	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 and structure. Chamber volume and blood echogenicity were normal, no LA spontaneous contrast. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No evidence of overt/significant MR on Doppler. The **left ventricle** presented mild increased septal thickness with normal free wall thickness and minor alinear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Normal measured LVOT velocity was noted. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. No evidence of overt/significant TR on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, subjective mild dynamic outflow pattern, and normal diameter (approx. 1:1 pa/ao ratio). Normal to borderline increased RV outflow velocity was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.



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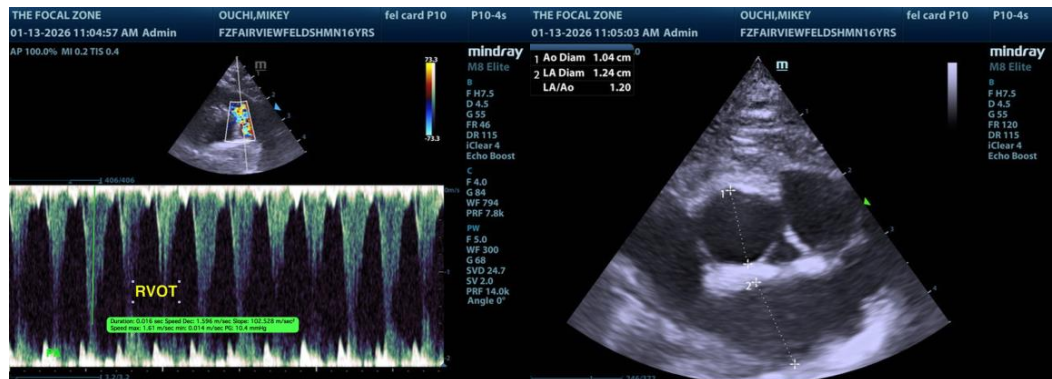
ULTRASONOGRAPHIC FINDINGS

- Borderline increased IVS dimension with mild LV myocardial remodeling
- Normal LA
- Normal RA / RV
- Borderline increased measured RV outflow velocity with mild dynamic outflow profile

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant structural or functional cardiomyopathy. The borderline increased septal thickness may indicate patient / age variant or a mild form of asymmetrical hypertrophic cardiomyopathy, given the patient's history. A benign flow murmur is probable, potentially associated with borderline increased RV outflow velocity, which may suggest minor dynamic right ventricular outflow tract obstruction. Regardless of classification, the hemodynamic effects of the murmur appear low. There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is advised with a recheck echocardiogram suggested in 6-12 months, sooner if an increase in murmur intensity or if clinical signs arise.

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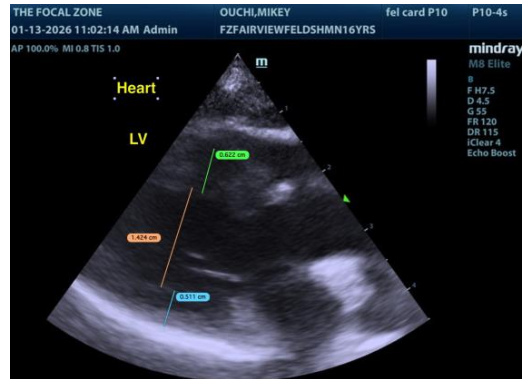
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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

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