



PATIENT

Biggie Gutzky

SPECIES

Feline

BREED

Sphinx

SEX

MN

AGE

13 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. George, Country
VS

INVOICE

13072

DATE

1/14/22

PRESENTING CLINICAL SIGNS

Recent adoption with congestion and decreased appetite and coughing.

Abnormal PE/Chem/CBC/UA Results: Elevated GLU 203, SDMA 23, TP 9.4, GLOB 6.5 Na 166 WBC 35.70

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		212	0.63	1.2	0.49	50.8	82.8
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	1.3	1.1	1.2	1.1	1.7	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 enlarged **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** exhibited mild IVS hypertrophy with mild alinear IVS and LV free wall contour. Subtle evidence of papillary muscle hypertrophy with remodeling was present. The left ventricle contractility was within normal limits. Evidence of LV myocardial remodeling was present. This does not appear to be a functional issue at this point and is suggestive of some level of potential **myocardial fibrosis** which is an age-related change. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed increased size and normal 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 systolic laminar flow with mild elevated RVOT measured velocity. 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.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- LV myocardial remodeling with mild IVS hypertrophy
- Normal LA / RA
- Mild elevated RVOT velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The interventricular septum and left ventricular free wall remodeling may be age-related myocardial changes, although potential for atypical HCM, which would be a rule-out diagnosis assuming the patient is normotensive and euthyroid, may be possible. No other clinical issues such as systolic dysfunction or left or right heart chamber enlargement were present.

Regardless of classification, the lack of left or right heart chamber enlargement or evidence of clinical pulmonary hypertension indicates that the respiratory signs in this patient are most likely noncardiogenic in origin. No indication for cardiac medications was evident. Assessment of systemic blood pressure and T4 levels is suggested if not done. Recheck echocardiogram is suggested in 6 months to assess for evidence of progression, sooner if cardiac clinical signs arise.

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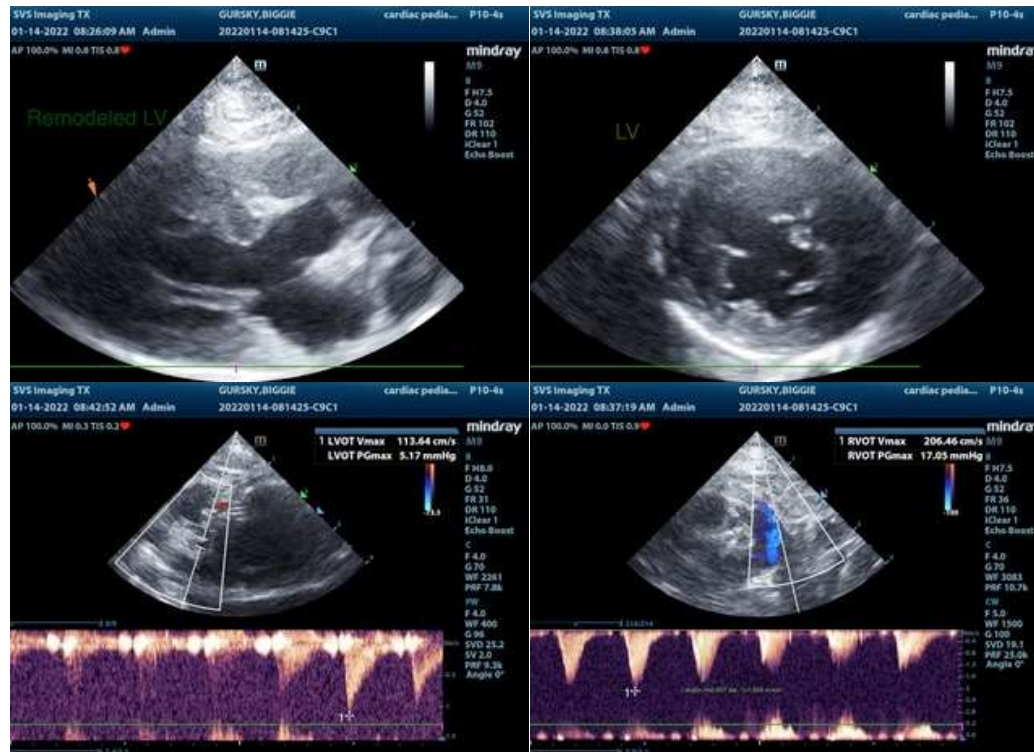
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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