



PATIENT PRESENTING CLINICAL SIGNS

Percy Guy History: 4/6 murmur on exam pre dental procedure anesthetic assessment
Abnormal PE/Chem/CBC/UA Results: T 4 normal late December

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

Siamese

SEX

Neutered Male

AGE

10 Years

WEIGHT

3.25 kg

| 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 | -- | 190 | 0.50 | 1.1 | 0.42 | 60 | 94 |
| 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 | 1.57 | 1.48 | 1.2 | 1.0 | 0.83 | 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 2 separate LA measurements. No evidence of spontaneous contrast. The cranial and caudal **mitral** valve leaflets presented mild subjective thickening with normal kinetics and without evidence of valvular prolapse. No overt evidence of systolic anterior motion (SAM) of the mitral valve was noted. Potential trace MR. The **left ventricular** septum and free wall revealed adequate contractility with normal left ventricle volume yet some areas of echogenic IVS and LV free wall remodeling, which did not appear to be a functional issue at this point. This is suggestive of some level of probable 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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. Murphy

INVOICE

13477

DATE

1/17/22

ULTRASONOGRAPHIC FINDINGS

- Mild LV myocardial remodeling
- Normal LA
- Mildly thickened MV with trace MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Overall, overtly normal cardiac structure and function without a definitive source of the murmur identified. Trace MR and minor vegetative MV changes were present, yet the degree of MR noted on color doppler was not overtly consistent with audible MR. No evidence of SAM, systolic dysfunction, significant valvular insufficiency/stenotic disease were present. In the absence of dehydration or anemia, potential for physiologic or flow murmur is possibly present at elevated heart rates or small flow abnormality, or valvular insufficiency not visualized may be possible. Regardless, the overall normal cardiac structure and function, without evidence of left or right heart chamber enlargement indicate that the risk of complications, secondary to the murmur, is relatively low.

No indication for cardiac medications at this time. No overt anesthetic contraindications, assuming normal blood pressure. 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.

<https://www.antechdiagnostics.com/cadet-braf>

Conservative monitoring of the murmur would be appropriate at this stage with recheck echocardiogram suggested in 6 months or sooner if murmur intensity progresses or clinical signs suggestive of cardiac disease arise.



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.



PATIENT

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