


PATIENT

Dartus Parfett

PRESENTING CLINICAL SIGNS

History: previous history of HM, requires anesthetic for dental procedure, diabetic meds: insulin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Gibbs

INVOICE

13488

DATE

1/18/22

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	--	250	0.49	1.69	0.43	49	84
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	1.3	1.1	1.4	1.1	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 ventricular** septum and free wall revealed adequate contractility and normal left ventricle volume yet some mild remodeling of the septum and free wall were noted. This does not appear to be a functional issue at this point. Concurrent, mildly prominent to remodeled papillary muscles were present. This is most suggestive of some level of suspected 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.

ULTRASONOGRAPHIC FINDINGS

- Mild LV myocardial remodeling with mildly prominent to remodeled papillary muscle
- Normal left atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant structural or functional cardiomyopathy. An obvious cause of the heart murmur in this patient was not definitively evident. Suspect benign physiologic or flow murmur which may be present at elevated heart rates, assuming no evidence of volume changes (dehydration) or anemia. No evidence of systolic dysfunction, significant valvular insufficiencies or other cardiomyopathy was present. No indication for cardiac medications. No overt anesthetic



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contraindications with anesthetic risk considered low. Screening blood pressure and ideally, a assessment of T4 levels recommended prior to potential anesthesia. 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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Recheck echocardiogram suggested in 6 months or sooner if clinical signs suggestive of heart disease arise or if murmur intensity progresses.

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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.

REFERRING VET

Dr. Gibbs

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

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