



PATIENT

Blossom Russo Fowler

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

7 Months

WEIGHT

5 Lbs.

PRESENTING CLINICAL SIGNS

History: This is a shelter kitten in foster care. Noted a 3/6 heart murmur during physical exam. Current on vaccines.

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	--	236	0.3	1.26	0.3	57.9	92.3
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	NM	1.1	1.0	1.9-2.0	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 normal linear structure and kinetics. No overt MR noted. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. 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 mildly turbulent to dynamic systolic flow with normal structural integrity. Normal overt AV valve. 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). 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

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Seneczko, Genoa
AH

INVOICE

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1/19/22

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Borderline elevated measured LVOT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Overall, no evidence of significant structural or functional cardiomyopathy. The only potential source for the murmur in this study is a borderline elevated LVOT velocity which is nonspecific. Overt evidence of aortic valve stenotic disease was not definitively evident given the appearance of the aortic valve as well as the lack of LV hypertrophy. Additional considerations, assuming no evidence of dehydration or anemia, may include a benign physiologic or flow murmur or potential small flow abnormality not visualized. The potential for a significant shunt is considered unlikely given the lack of left or right heart chamber enlargement. Likewise, the lack of left or right heart chamber enlargement at this time indicate that the relative risk, secondary to the murmur, is low. Ideally, referral to a cardiologist for further assessment and clarification is recommended. Otherwise, conservative monitoring of the murmur would be appropriate with recheck echocardiogram suggested in 4-6 months or sooner if clinical signs, suggestive of heart disease arise or murmur intensity progresses.

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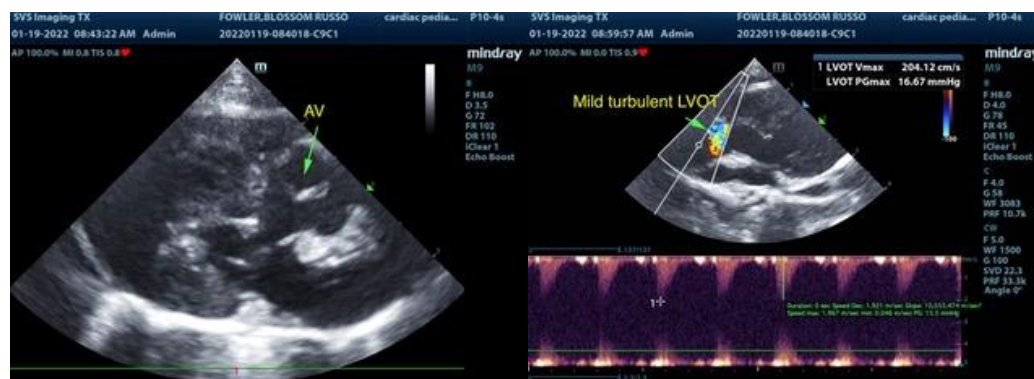
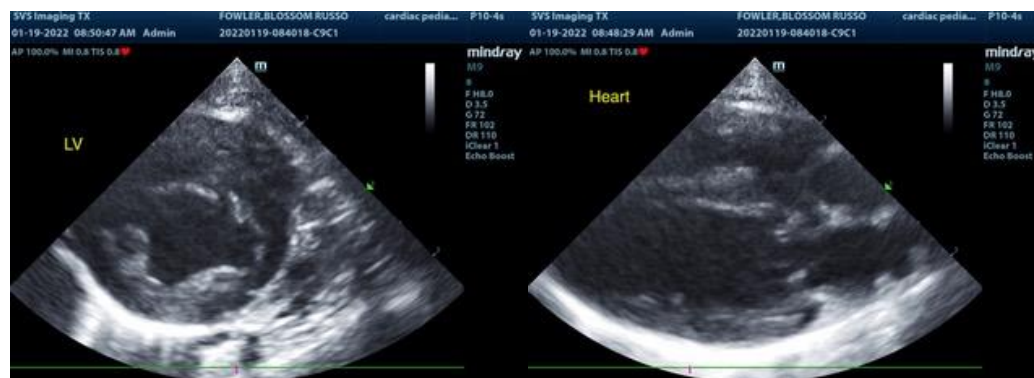
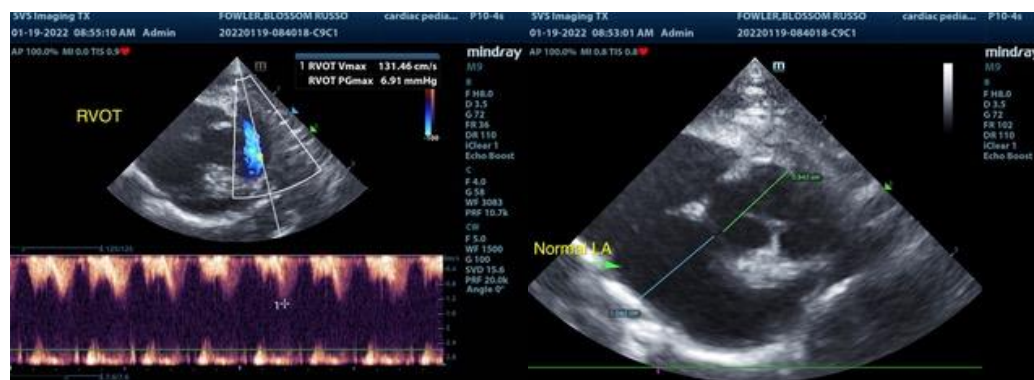
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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