

PATIENT

Nala Pender

SPECIES

Feline

BREED

Siamese Mix

SEX

FS

AGE

14yr

WEIGHT

13.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

12769ag

DATE

01/23/2023

PRESENTING CLINICAL SIGNS

Coughing and occasional labored breathing for about 2 years. Dx with asthma about a year ago. Increased drinking. Over the weekend she had pretty bad episode of coughing and brought up what appeared to be thin blood tinged fluid. Has lost 2 pounds in a year. Has dental dz and would like to do a dental if safe.

Abnormal PE/Chem/CBC/UA Results: Last year CBC/Chem/T4 all WNL Sent off
CBC/Chem/T4/ProBnP today will have results tomorrow. EKG sent to IDEXX Abdominal US pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

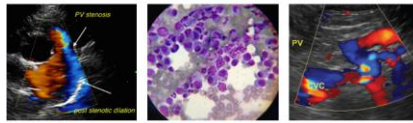
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		220	0.47	1.25	0.48	56	87
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (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		1.2	1.2	1.3	0.82		
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 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. Mild eccentric MR present on Doppler without evidence of overt SAM. The left ventricular septum and free wall presented normal thicknesses with minor alinear contour, adequate contractility and normal left ventricle volume. Normal measured LVOT velocity. Minor myocardial remodeling in the septum and free wall was present-this does not appear to be a functional issue at this point and is likely consistent with some level of age related myocardial fibrosis. The left ventricular outflow tract demonstrated mild dynamic to turbulent outflow with subjective normal structural integrity. 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. No evidence of significant TR. 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). Normal measured RVOT velocity was present. 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. No arrhythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild LV myocardial remodeling
- Normal left atrium



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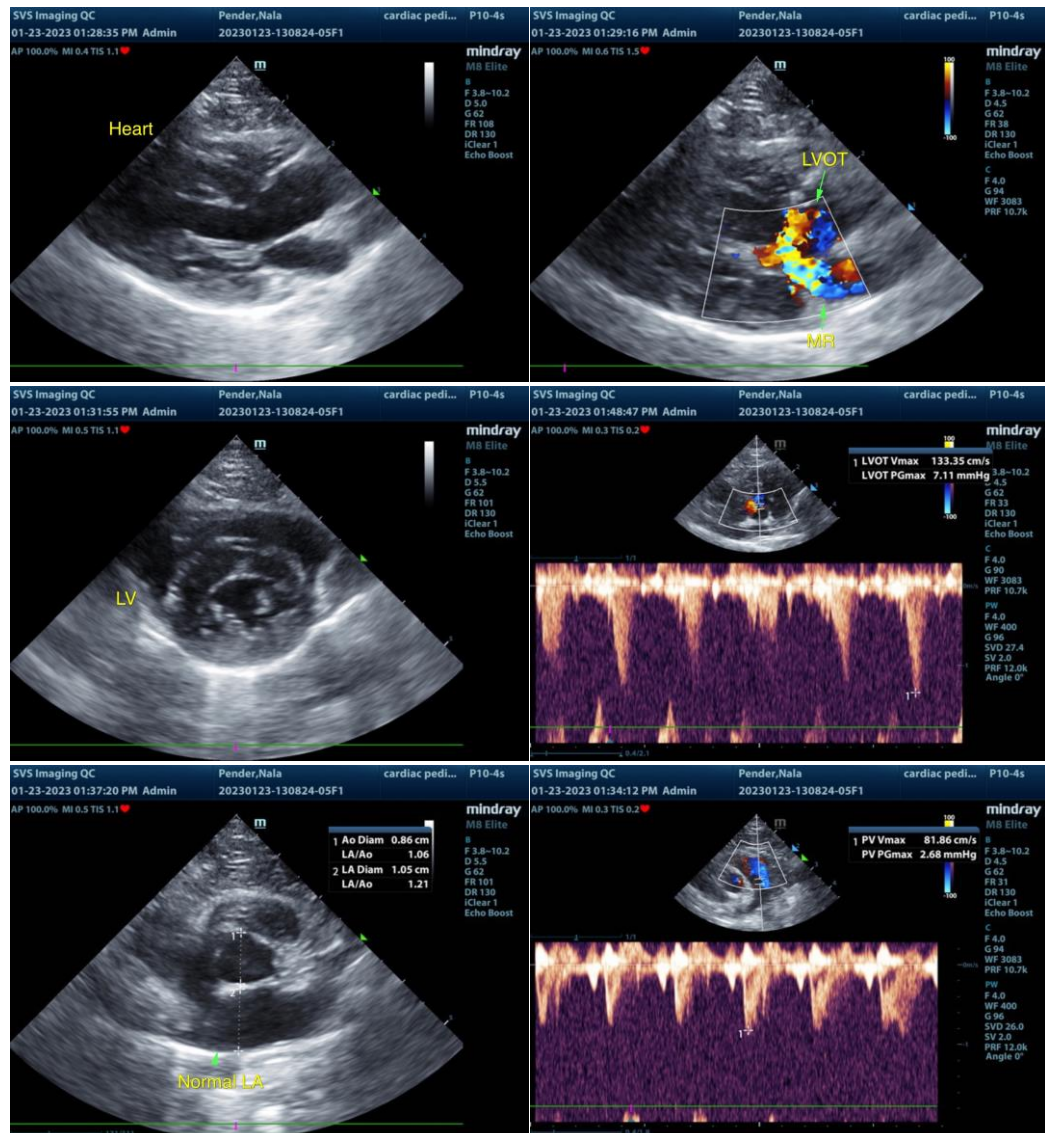
- Subjective mild dynamic LVOT systolic outflow with mild eccentric MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of HCM criteria, left or right heart chamber enlargement, LV systolic dysfunction or clinical pulmonary hypertension. The cardiac presentation without evidence of significant structural or functional cardiomyopathy indicates that the coughing and occasional labored breathing in this patient is non-cardiogenic in origin. Primary lower airway disease is likely.

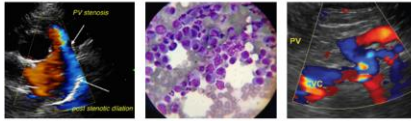
If a murmur develops, a benign physiologic flow murmur or small flow abnormality is suspected. Regardless, the lack of LA enlargement indicate that the hemodynamic effects of this appear to be minimal.

No indication for cardiac medications. No anesthetic contraindications assuming normal BP and pending AUS assessment. Recheck echocardiogram recommended in 6-12 months, sooner if clinical signs suggestive of heart disease arise.



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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.

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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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