
**PATIENT**

Ellie Kan-Hodgson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

5kg

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham AH

**REFERRING VET**

Dr. Malatestinic

**INVOICE**

13171

**DATE**

1/26/22

**PRESENTING CLINICAL SIGNS**

--New patient presented for fractured tooth and quote for dental sx -on physical exam discovered Grade 4/6 bilateral HM PMI left base, no pulse deficits present -patient is BAR and has been asymptomatic -no previous hx of HM  
 Abnormal PE/Chem/CBC/UA Results: HR 120, RR 20

**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		154	0.43	1.29	0.43	43.5	88.4
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	1.22	1.3	1.2	1.0	0.95	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. 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 normal laminar flow and subjective 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. 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.



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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

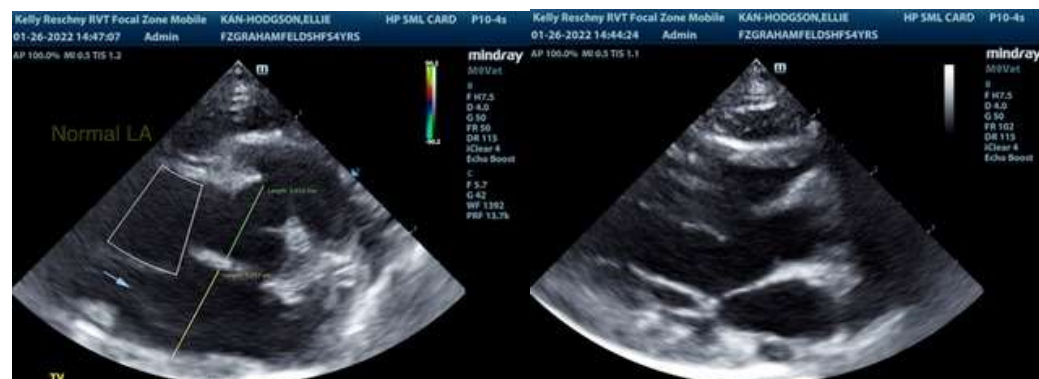
- Overtly normal cardiac structure and function

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The echocardiogram reveals no evidence of structural or functional cardiomyopathy without a definitive source of the murmur overtly evident. No evidence of systolic dysfunction, left or right heart chamber enlargement, significant valvular insufficiencies, or stenotic disease were noted. In the absence of significant volume changes (dehydration), or anemia, a physiologic flow murmur potentially audible at elevated heart rates or small flow abnormality / shunt, yet not visualized may be possible.

Regardless, the hemodynamic effects of the murmur appear to be low to mild and non-clinical at this time given the overtly normal cardiac structure and function. Conservative monitoring of the murmur at this stage would be appropriate without indication for cardiac medications. No overt anesthetic contraindications. The following anesthetic protocol could be considered. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease arise or If murmur intensity persists/progresses.

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.

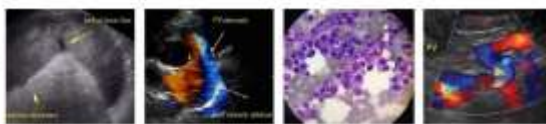


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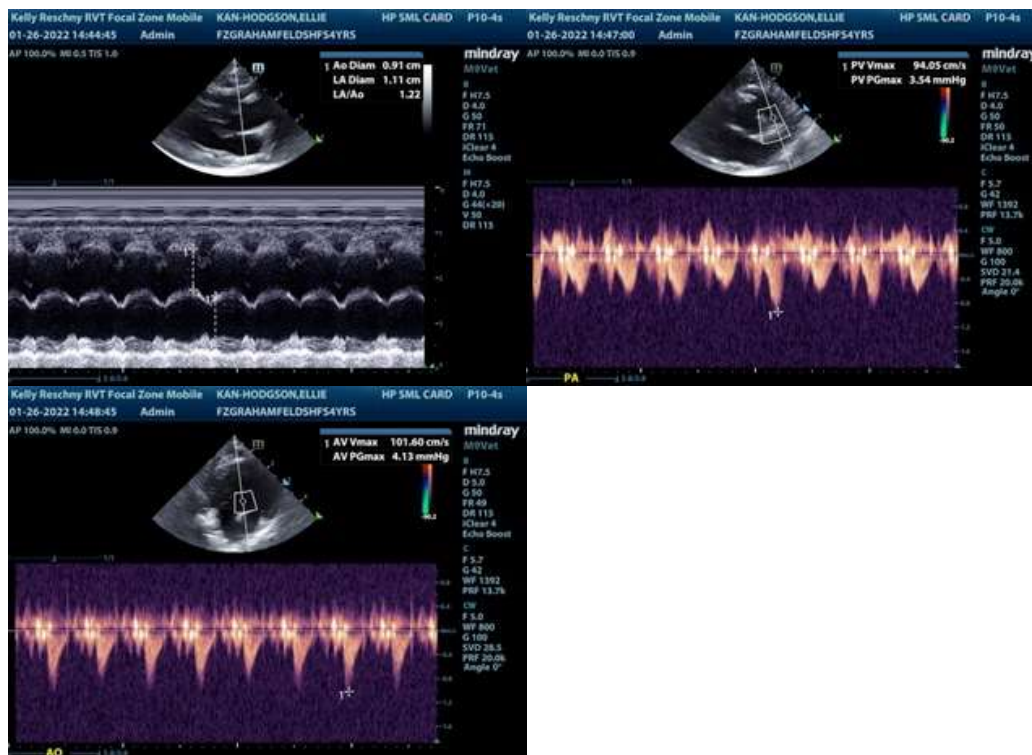
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com