

PATIENT

Bob Ricketts

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

13 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

12796ag

DATE

1/27/23

PRESENTING CLINICAL SIGNS

lethargy, sleeping more

Abnormal PE/Chem/CBC/UA Results: AV heart block with intermittent VPCs. bloodwork wnl

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		124	0.48	1.74	0.49	52	86
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	1.44	1.55	1.4	1.0	1.2	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. No MR on Doppler. The left ventricular septum and free wall revealed normal thicknesses, adequate contractility and normal to borderline increased left ventricular volume. Some echogenic remodeling of the septum and free wall was present. This is most consistent with some level of mild age related myocardial fibrosis which does not appear to be a functional issue. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. 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. Mild TR present on Doppler. 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. 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. Consistent arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal structure with mild LV myocardial remodeling



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- Normal RA/LA
- Arrhythmia
- Mild TR-no evidence of clinical pulmonary hypertension

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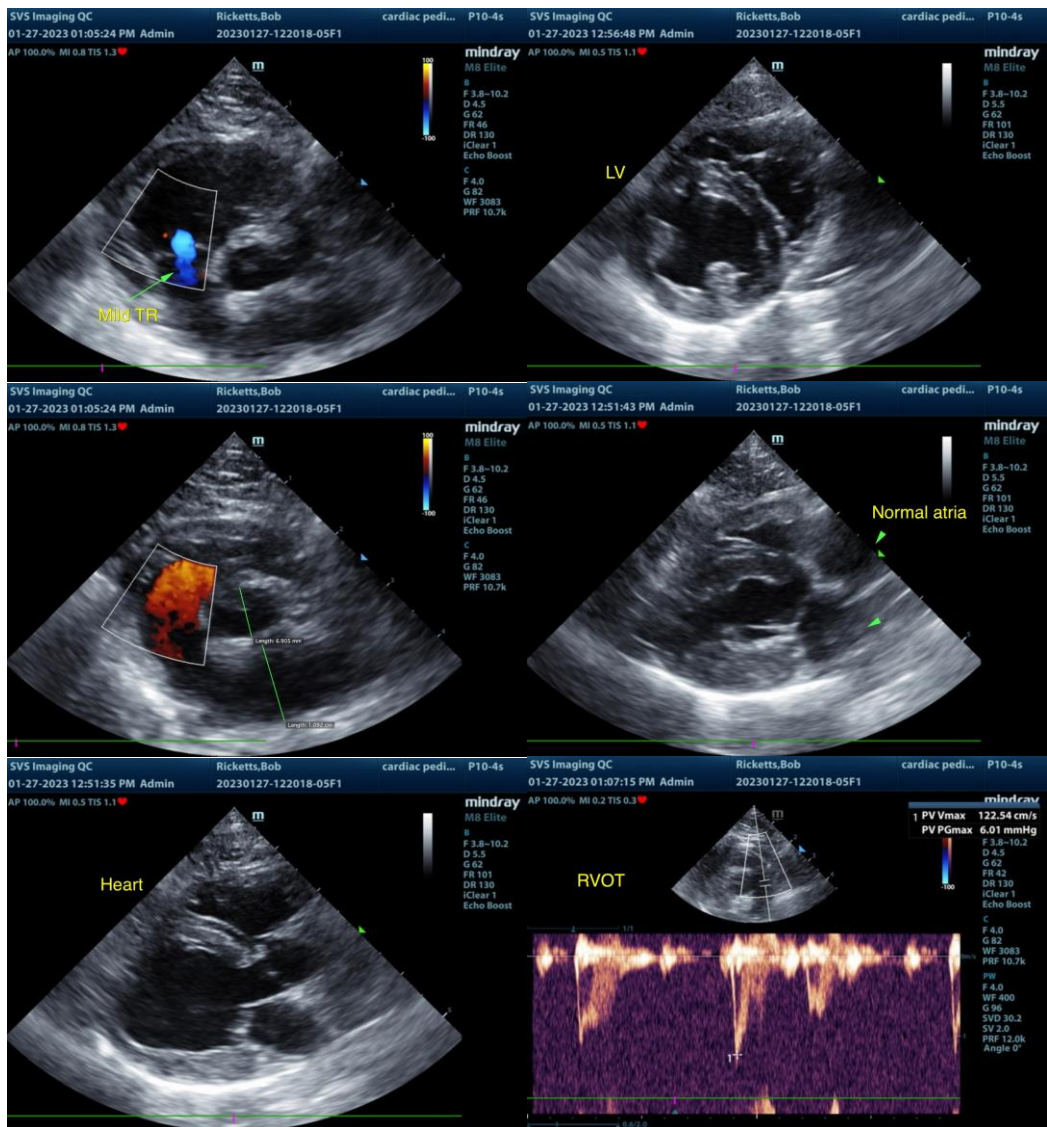
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural cardiomyopathy as a contributing factor to the patient's arrhythmia. The normal biatrial size without evidence of left/right heart chamber enlargement indicate that the heart is compensated. No indication for cardiac medications for treatment of structural myopathy. Therapeutic recommendations would only apply to the arrhythmia based on cardiology consult. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.



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svsmobileimaging.com 309-737-3070



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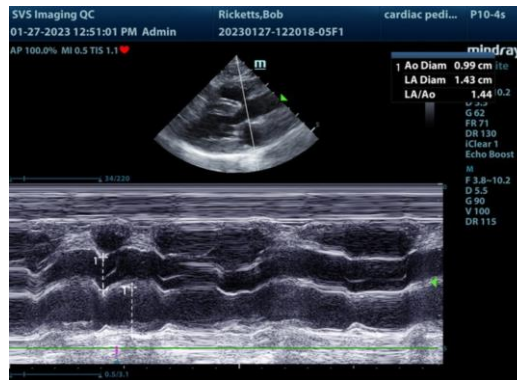
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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