


**PATIENT**

Leche Philips

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F/S

**AGE**

~9 yrs

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Meredith Swart

**HOSPITAL NAME**

 Swart Veterinary  
 Imaging

**REFERRING VET**

Dr. Meredith Swart

**INVOICE**

16019

**DATE**

1/31/23

**PRESENTING CLINICAL SIGNS**

Patient is STAFF (technician) PET. 5 years ago patient was dx'ed with a heart murmur and an echo was pursued. HOCM was dx'ed with SAM seen on color doppler. LIVSd was also reported about about 1 cm. Chamber sizes were reported as normal, including LA/AO was reported to be normal at 1:3. Patient was not having any clinical signs was but started on atenolol. A follow up echo showed SAM had resolved/no SAM seen so patient was taken off atenolol. Patient is still not having any clinical signs of disease but murmur persists. Patient is have bad skin flare and rDVM would like to pursue steroids for skin. Echo today is to re-evaluate the heart and determine if steroid admin is safe

Abnormal PE/Chem/CBC/UA Results: none reported

**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		NM	0.57	1.32	0.57	48	82
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		1.1	1.1	1.1	1.0	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 left ventricular wall was borderline thickened with regions of mild myocardial irregularity. Diffuse mild hyperechoic endocardium, which may suggest ventricular remodeling or possible mild fibrosis, was present. Concurrent mildly hypertrophied to remodeled papillary muscles were present. The right ventricle exhibited normal volume. Normal left atrial dimension without evidence of enlargement or spontaneous contrast was noted. Normal right atrium dimension without evidence of spontaneous contrast was noted. Normal measured RVOT velocity was present. Mild dynamic to possible turbulent LV systolic outflow with normal measured LVOT velocity was present. Mildly thickened mitral valve with evidence of mild systolic anterior motion of the mitral valve was noted. Suspect concurrent mild eccentric MR was present. No overt TR was visualized. No evidence of pericardial or pleural effusion was noted. No overt cardiac tumors were present.



**PATIENT**

Leche Philips

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F/S

**AGE**

~9 yrs

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Meredith Swart

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Meredith Swart

**INVOICE**

16019

**DATE**

1/31/23

**ULTRASONOGRAPHIC FINDINGS**

- LV myocardial remodeling with concurrent prominent to remodeled papillary muscles
- Suspect mild systolic anterior motion of the mitral valve
- Subjective mild dynamic LV outflow and concurrent mild MR
- Normal LA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, the appearance of the heart was consistent with the previous diagnosis of compensated hypertrophic obstructive cardiomyopathy. The lack of left atrium enlargement or generalized left or right heart chamber enlargement indicates that the risk of complication secondary to HOCM or MR is low. The murmur in this patient is suspected to be secondary to dynamic to mildly turbulent LV outflow. However, the measured LVOT velocity was not consistent with significant dynamic LV outflow obstruction.

No overt indication for cardiac medications is noted, given the overall compensated cardiac presentation. Atenolol could be considered if evidence of persistent tachycardia is noted, although this medication has not been shown to definitively alter long-term outcomes. No obvious contraindications to possible steroid therapy, given compensated cardiomyopathy. However, serial sonographic monitoring is required for further prognosis.



**PATIENT**

Leche Philips

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F/S

**AGE**

~9 yrs

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Meredith Swart

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

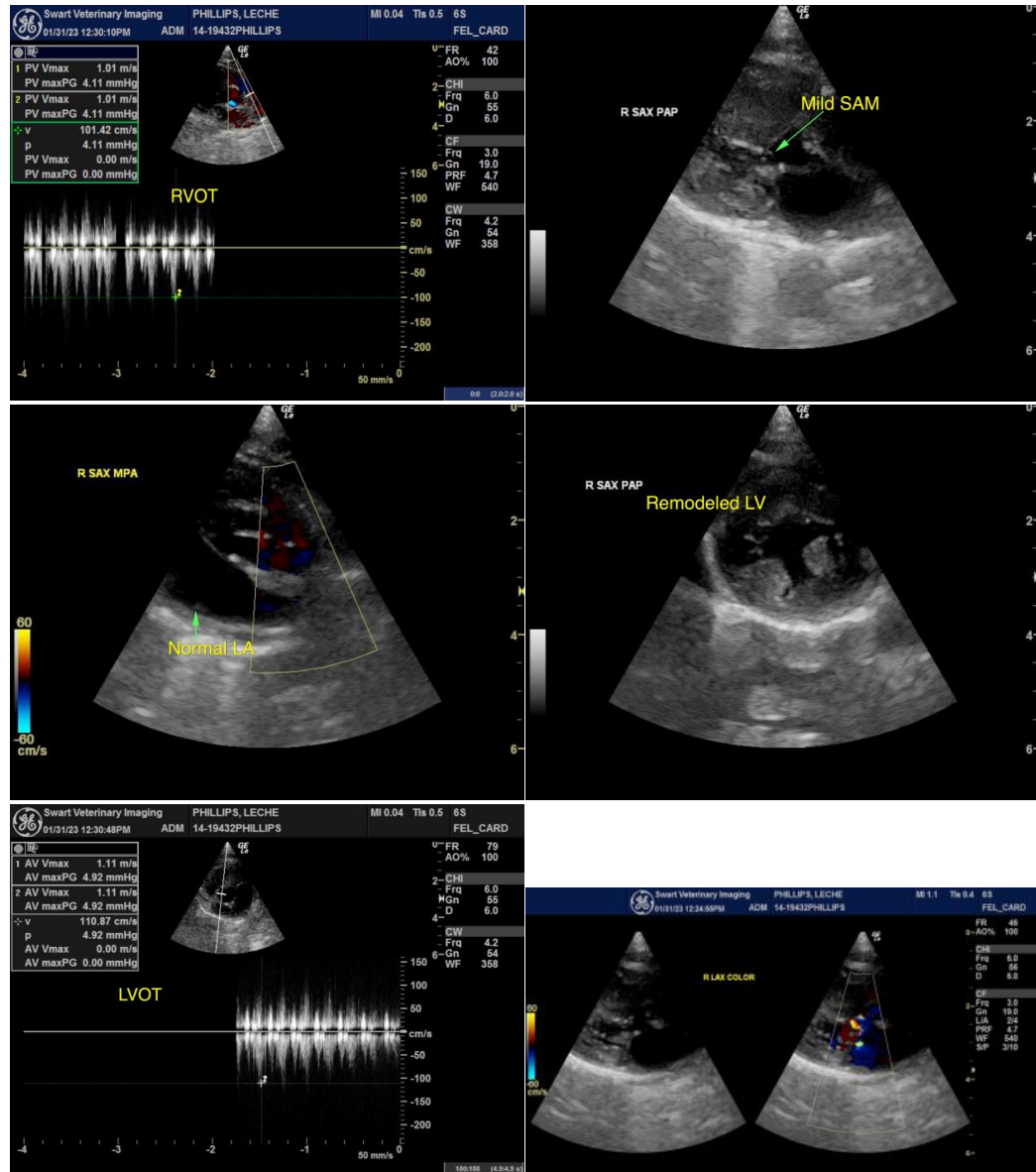
Dr. Meredith Swart

**INVOICE**

16019

**DATE**

1/31/23



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