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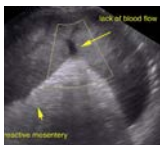
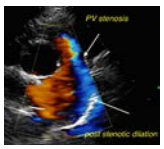
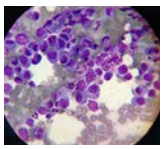
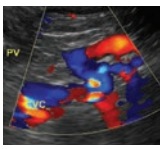
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT
Felix Aber-Lillis

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 Years

WEIGHT
8.8 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Warren Animal Hospital

REFERRING VET
Dr. Amber

INVOICE
33991

DATE
1/5/22

PRESENTING CLINICAL SIGNS

Grade II-III/VI right sided murmur, weight loss, stomatitis. Current meds: Prednisolone

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		186	0.39	1.85	0.41	59.3	90.9
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	1.4	1.4	1.2			0.8	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

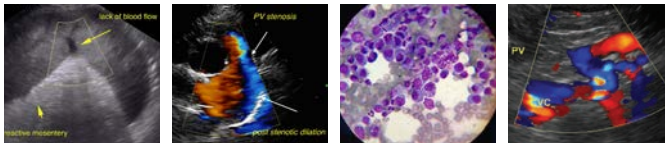
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No evidence of SAM noted. The **left ventricle** presented overall normal thicknesses with primarily maintained linear contour and was not dilated or restricted. The **myocardium** presented normal echogenicity without subjective evidence of fibrotic or ischemic disease. Subtle evidence of minor basilar IVS hypertrophy noted in the area of the LV outflow tract. **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 minor subjective turbulent flow just prior to and at the level of the aortic valve, yet overall 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure and function
- Subjective minor basilar IVS hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the murmur in this patient was not definitively evident. Turbulent blood flow within the LV outflow tract potentially owing to subtle yet not clinically significant fixed obstruction owing to mild basilar IVS hypertrophy is possible. This would essentially equate to a physiologic or flow



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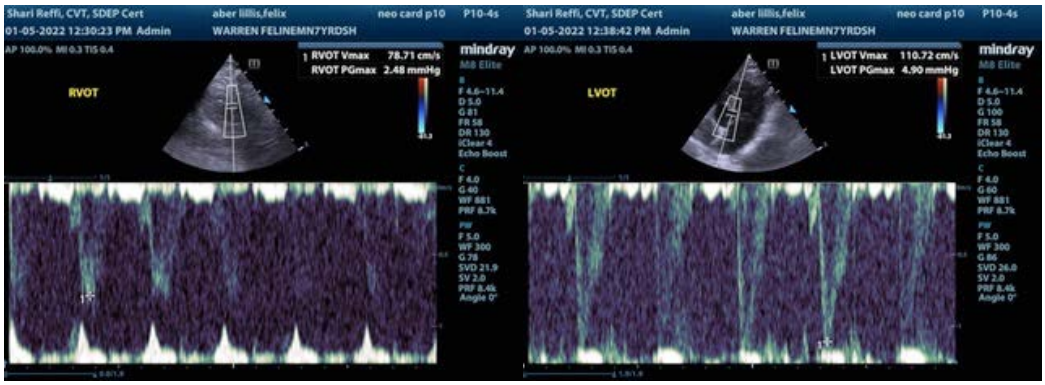
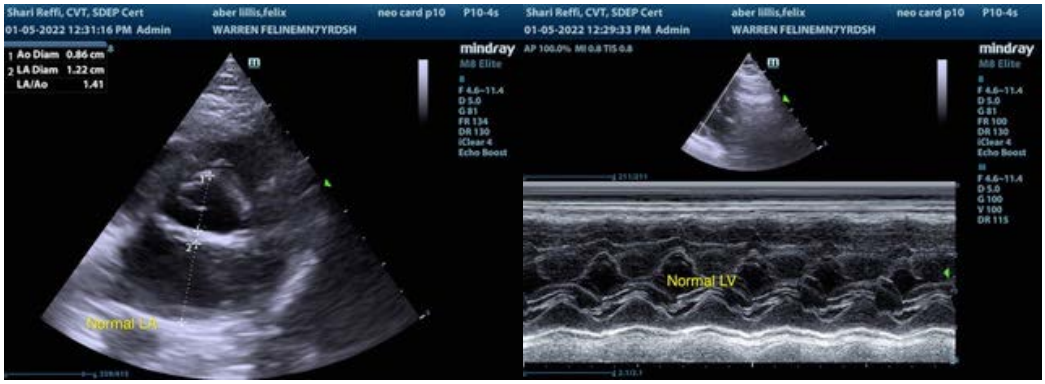
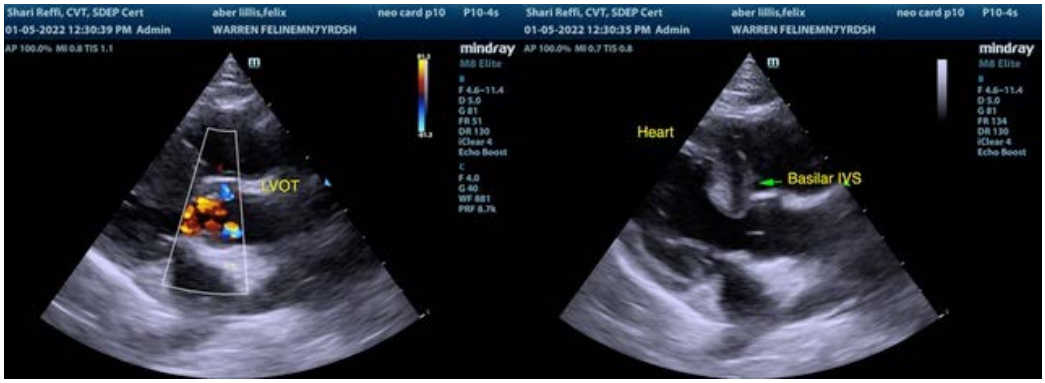
murmur. No other clinical issues such as generalized hypertrophic LV changes, dystolic dysfunction, or left or right heart chamber enlargement were noted. The lack of left or right heart chamber enlargement indicates that any potential risk secondary to the murmur is low. No indication for cardiac medications. Conservative monitoring of the murmur is recommended with recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of heart disease develop, or if the murmur progresses in intensity.







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.

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