


**PATIENT**

Joey Ostrom

**PRESENTING CLINICAL SIGNS**

Recheck echo to reassess LA dimension.

Current meds: Furosemide, Torb for u/s.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION RECHECK HEART**
**BREED**

DSH

**SEX**

MN

**AGE**

9yr

**WEIGHT**

14lb

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		190	0.58	1.6	0.55	46.1	81.1
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	1.8	1.88	1.6		1.0	0.96	
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							

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

 Fredon Animal  
 Hospital

**REFERRING VET**

Dr. Grau

**Cardiac Presentation**

The left ventricular wall is remodeled with regions of asymmetry, mild diffused hyperechoic endocardium suggestive of fibrosis and mildly prominent to remodeled papillary muscles. LV systolic dysfunction is adequate as evidenced by the FS measurement. LV and RV are within normal limits for size and volume. The LA is mildly dilated and slightly bulbous in appearance exhibiting overt similar size compared with the previous echocardiogram. No evidence of LA spontaneous contrast or smoke was noted. Subtle evidence of mild right atrial enlargement was present although not significant. The mitral valve exhibited evidence of minor systolic anterior motion with suspect trace eccentric MR. No obvious TR was present. Mildly dynamic to turbulent LVOT outflow with normal velocity was present. Blood flow through the RVOT was laminar with normal RVOT velocity. No obvious evidence of persistent or progressive pericardial effusion was noted. No evidence of pleural effusion or cardiac tumors was present.

**ULTRASONOGRAPHIC FINDINGS**

- LV myocardial remodeling with mildly prominent papillary muscle
- Static mild LA enlargement-no evidence of spontaneous contrast/smoke

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac presentation may indicate previous hypertrophic obstructive cardiomyopathy with evidence of LV myocardial remodeling although pseudo geriatric cardiac presentation or unclassified cardiomyopathy could also be possible. Mild LA enlargement persists yet is essentially static without evidence of progressive enlargement.

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**DATE**

10/11/2022



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Continued lowest effective dose of furosemide with monitoring of renal parameters and systemic BP would be appropriate. No other overt indication for cardiac medications given adequate LV systolic dysfunction and without evidence of additional clinical issues. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

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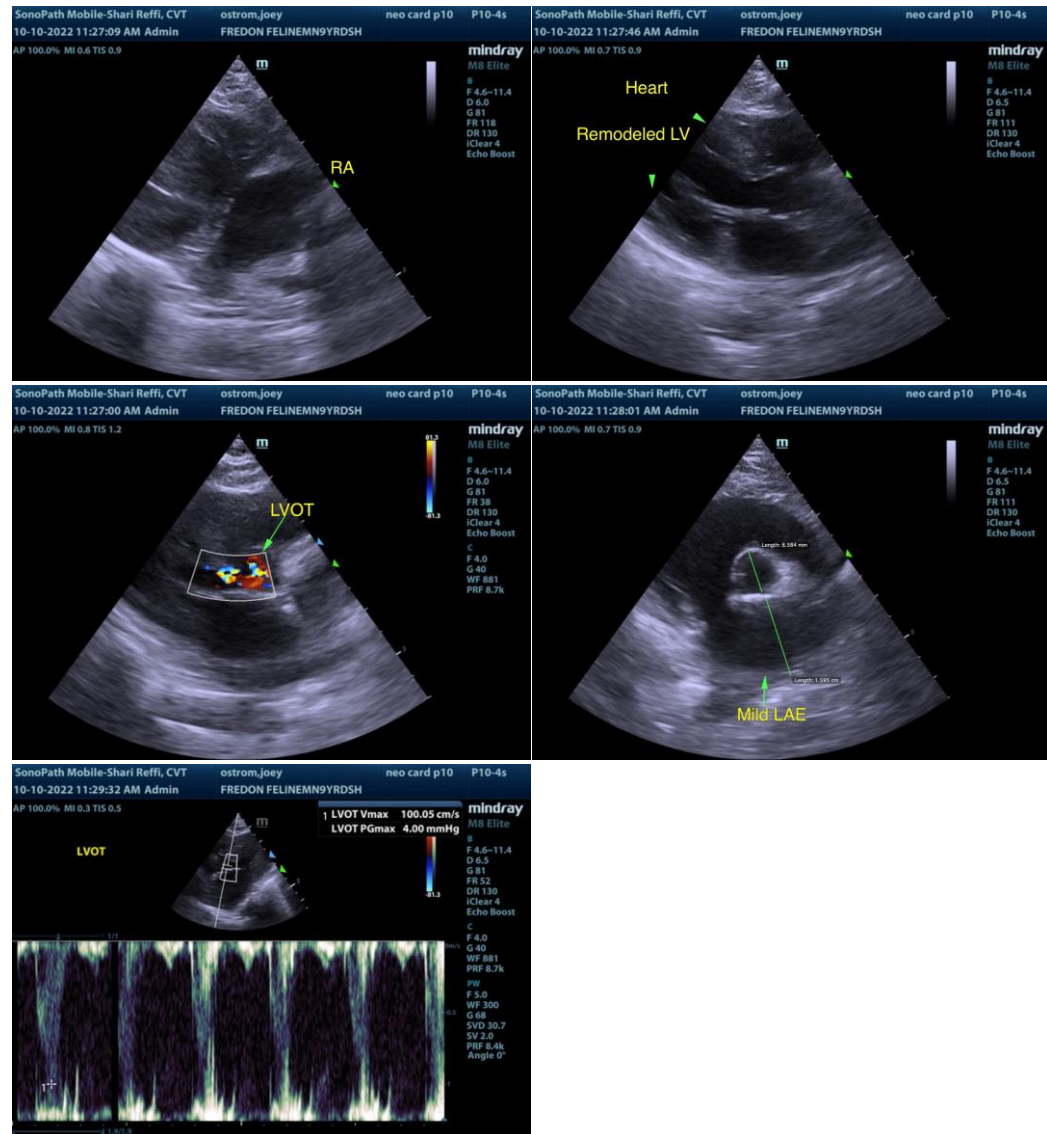
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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info@SonoPath.com

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