


PATIENT

Tom Gordon

PRESENTING CLINICAL SIGNS

New murmur on exam 10/14/22. O needs health cert. to fly, Grade II/VI systolic murmur. Gave gaba 12 midnight last night.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

19.6lb

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		198	0.48	1.96	0.48	49	82.6
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		1.46	1.3	1.35	1.2		
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 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented mild irregular structure with normal kinetics. Mild eccentric MR present on Doppler. The left ventricular septum and free wall revealed adequate contractility and potential borderline increased left ventricular volume with minor myocardial remodeling of the septum and free wall. Concurrent mildly prominent to remodeled papillary muscles were present. This is most consistent with some level of possible myocardial fibrosis. The left ventricular outflow tract demonstrated possible mild dynamic to turbulent systolic flow yet normal structural integrity. Normal measured LVOT velocity was present. 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. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hargadon

ULTRASONOGRAPHIC FINDINGS

- Mild LV myocardial remodeling
- Normal LA size
- Mild eccentric MR

INVOICE

11903ag

DATE

10/18/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is most consistent with chronic mitral valve insufficiency.



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The hemodynamic effects of the mitral valve insufficiency appear to be minimal at this time given the lack of LA enlargement. Current and future risk of complication appears low. No overt evidence of HCM criteria or SAM was present. No other clinical issues such as LV systolic dysfunction or evidence of clinical pulmonary hypertension were present. No overt indication for cardiac medications. Serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.

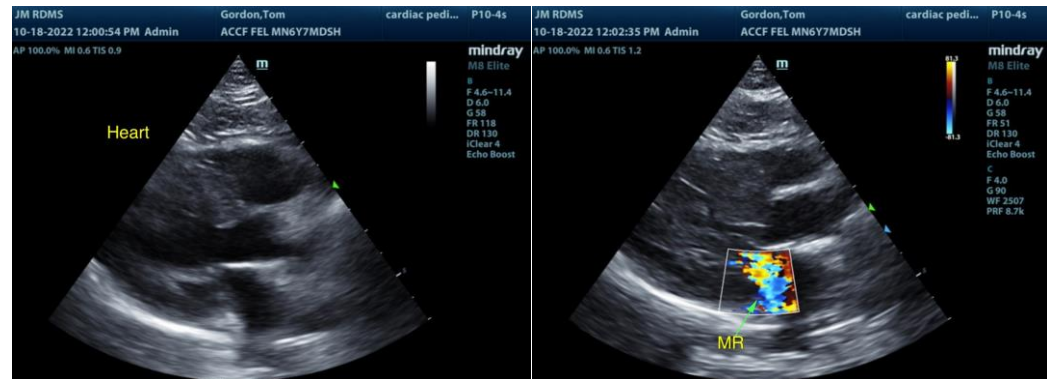
SPECIES

Feline

No overt contraindication for anesthesia and/or air travel.

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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.

IMAGING PERFORMED BY

Jessica Miller

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.

HOSPITAL NAME

ACC Flanders

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

REFERRING VET

Dr. Hargadon

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