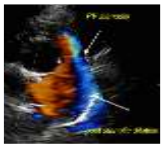
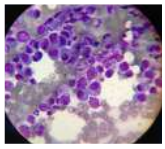
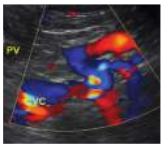
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Violet Chu

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

7.34

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Preiser

**INVOICE**

12379

**DATE**

10/6/21

## PRESENTING CLINICAL SIGNS

asymptomatic and has a 3/6 heart murmur

## 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** | | 167 | 0.4 | 1.36 | 0.4 | 65.4 | 98.1 |
| **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** | | 1.12 | 1.2 | | 1.0 | 0.84 | NM |
| Adapted from June Boon,Veterinary Echocardiography,1998<br>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.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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 normal laminar flow and subjective 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

### *Primary Findings*

- Anatomically and functinally normal heart

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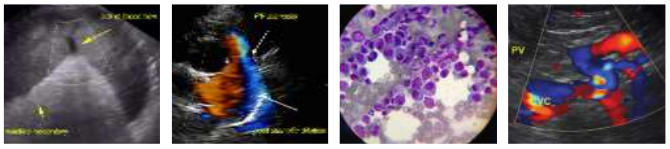

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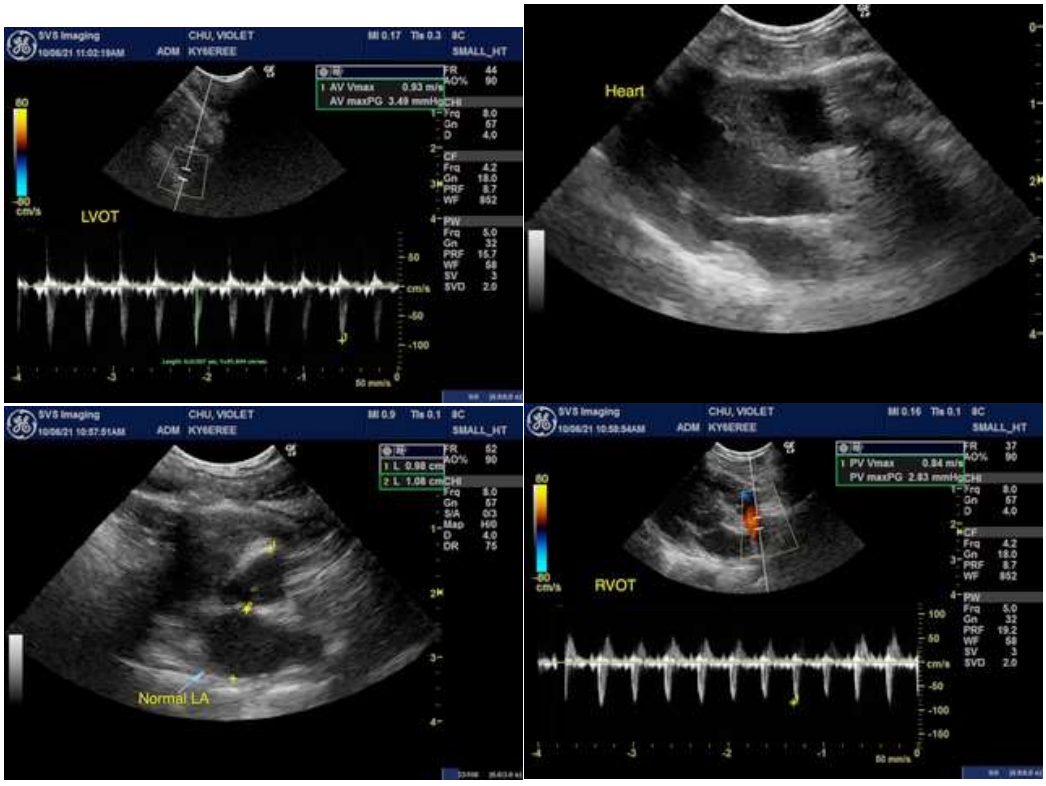
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no definitive cause of a murmur identified. In the absence of significant volume changes, i.e., hydration or anemia, a potential for physiologic flow murmur present at elevated heart rates or small flow abnormality not seen here are possible. No overt evidence of significant valvular insufficiencies or systolic dysfunction were present.

Regardless, the lack of left or right heart chamber enlargement Indicates that the risk for current and future complications is low. Conservative monitoring of the murmur would be appropriate at this time with a recheck echocardiogram suggested in 6 months, especially if the murmur persists. Sooner if increased murmur intensity is noted. No indication for cardiac medications.




**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**