



## PATIENT

Binx Laurie

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

10 yr 6 mo

## WEIGHT

12.7 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

ACC Flanders

## REFERRING VET

Dr. Casulli

## INVOICE

15416

## DATE

11/8/22

## PRESENTING CLINICAL SIGNS

Pre-sx cardiac evaluation for dental. Grade II/VI murmur. Newly dx hypertension-not on meds yet. BP 189/112 HR 181

Abnormal PE/Chem/CBC/UA Results: PLT 183

## 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		211	0.46	1.9	0.47	50.4	85
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	1.24	1.34	1.3	1.0	0.95	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. 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. Normal LVOT velocity was present. 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). Normal RVOT velocity was present. 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

- Normal echocardiogram



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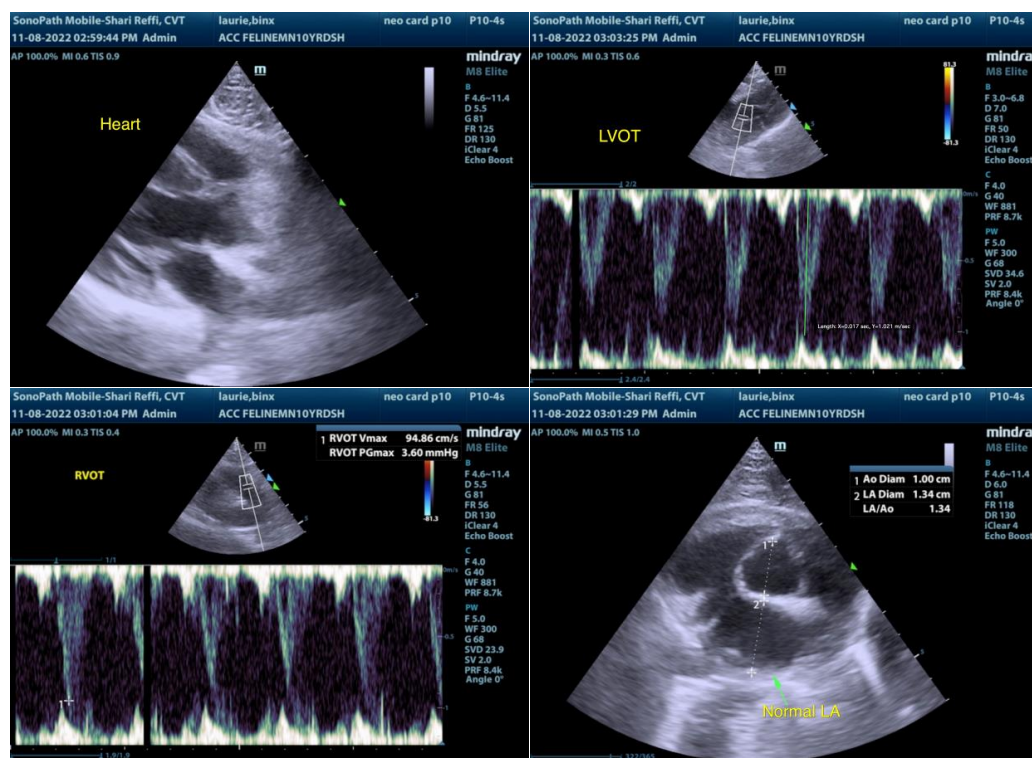
11/8/22

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy. A definitive cause of the murmur was not obvious, without evidence of LV systolic dysfunction, left or right heart chamber enlargement, or evidence of significant valvular insufficiencies.

Assuming no evidence of dehydration or anemia, benign physiologic or flow murmur or possible small flow abnormality not visualized are possible. Regardless, the hemodynamic effects of the murmur appear to be minimal without evidence of left or right heart chamber enlargement. Conservative monitoring of the murmur is recommended with a potential recheck sonogram in 6-12 months if murmur intensity increases. No anesthetic contraindications, assuming managed hypertension. The following anesthetic protocol may be considered.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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.

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