



PATIENT

Niko Galvin

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 Years

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

15413

DATE

11/8/22

PRESENTING CLINICAL SIGNS

ECG-intermittent, single supraventricular premature beats, increased R wave amplitude. Poss LV enlargement. Rhythm-sinus with atrial premature beats. Current meds: Gabapentin

Abnormal PE/Chem/CBC/UA Results: EOS 13, ABS EOS 1001, AMYL 1620

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		165	0.47	1.8	0.53	44.4	78
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	1.3	1.3	1.65	0.9	1.0	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 MR on Doppler. The **left ventricle** presented normal septal and free wall thicknesses with maintained linear contour with subjective borderline to mild increased LV volume. 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. Mild decreased measured LVOT velocity, although probable underestimation. 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 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. Consistent arrhythmia is noted.



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ULTRASONOGRAPHIC FINDINGS

Niko Galvin

- Normal left atrium

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- Borderline to mild increased LV volume with normal LV contractility - no evidence of HCM criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant structural cardiomyopathy as an obvious definitive or contributing factor to the arrhythmia in this patient. The borderline to mild subjective increased LV volume does not appear to be a functional issue at this time, yet sonographic monitoring is recommended for evidence of progression. The lack of left atrium enlargement indicates that current and future risk of complication i.e., CHF is low. No other additional clinical issues such as HCM criteria, RA/RV enlargement, or evidence of clinical pulmonary hypertension.

No overt indication for medical therapy for structural cardiomyopathy. Cardiology consult on ECG is suggested. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs consistent with heart disease arise.

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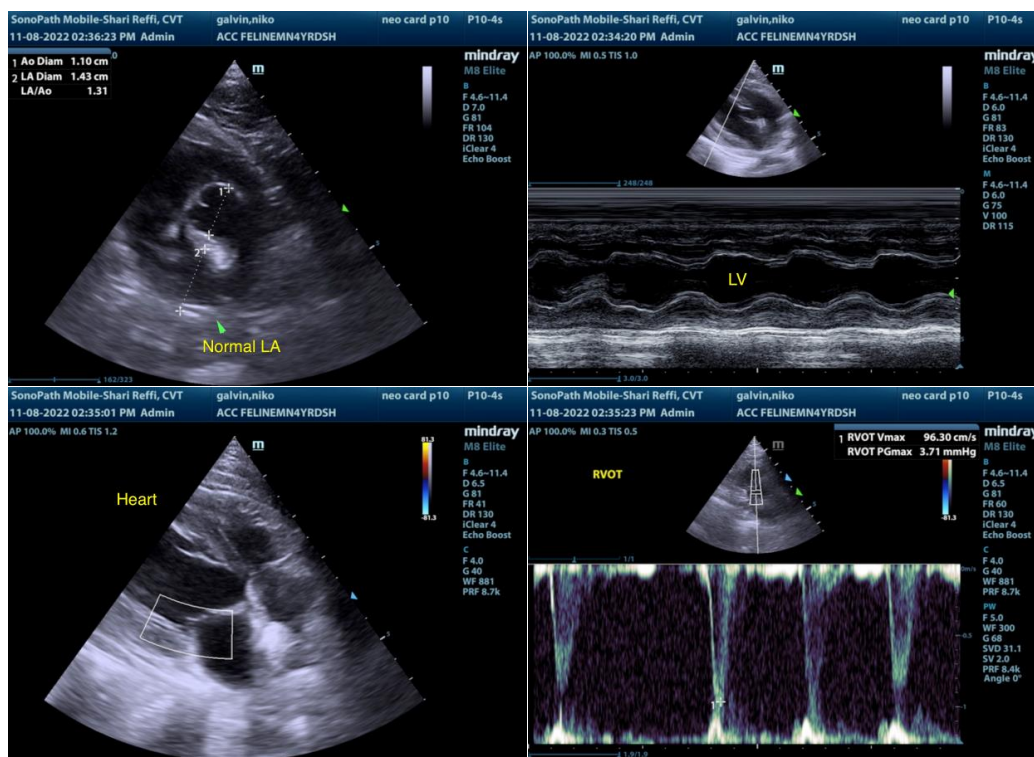
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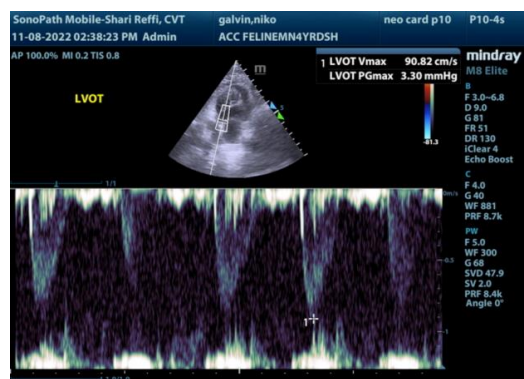
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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