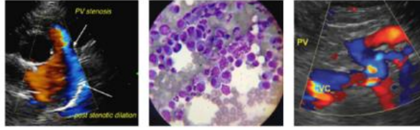
IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Kitty Mosher

SPECIES
Feline

BREED
DMH

SEX
FS

AGE
18yr

WEIGHT
7.2lb

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
Dr. Miller

INVOICE
12410ag

DATE
12/13/2022

PRESENTING CLINICAL SIGNS

Hx of chronic diarrhea and 1month chronic alopecia alone spine. Hx of hyperthyroid maintained on methimazole. Diagnosed 1/12 years ago with renal insufficiency. No heart medications given at this time. Echo to check progression of heart disease.

Abnormal PE/Chem/CBC/UA Results: Pro BNP 565 decreased K+ increased kidney values and Na/K ratio

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		192	0.62	1.33	0.63	47.4	82
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		1.5	1.3		1.0	0.98	

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 static normal left atrial size and structure with no evidence of "smoke" or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened in appearance without overt MR or SAM. The left ventricle presented borderline to mild excessive free wall and septal thicknesses with generalized increased endocardium echogenicity which may suggest some degree of myocardial fibrosis. Concurrent prominent to remodeled papillary muscles were present. Contractility of the ventricular walls was considered adequate for this patient evidenced by the fractional shortening measurement and subjective evaluation of the regions of the myocardium. The left ventricular outflow tract demonstrated turbulent laminar flow. Normal measured LVOT velocity was present. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. Normal measured RVOT velocity was present. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window. Subjective intermittent non-specific arrythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Compensated static hypertrophic cardiomyopathy
- LV myocardial remodeling with mild prominent papillary muscles
- Normal left atrium-no evidence of spontaneous contrast
- Subjective intermittent non-specific arrhythmia

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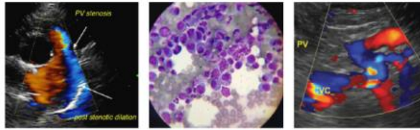

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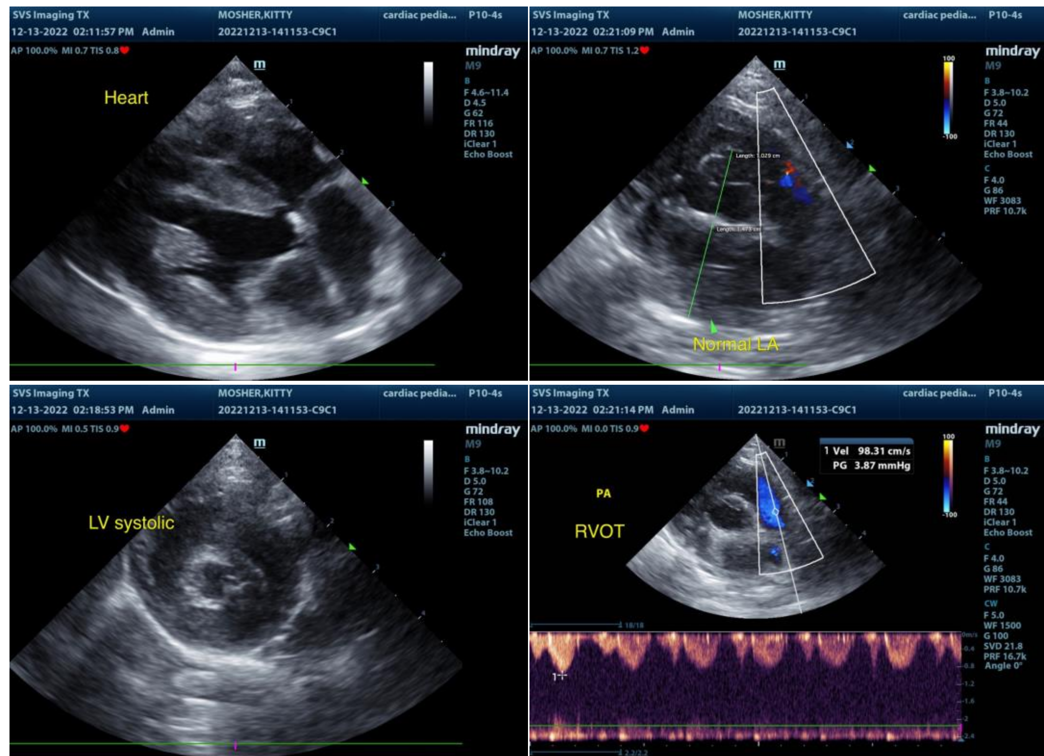
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiographic presentation continues to indicate compensation given the lack of LA or generalized chamber enlargement indicating that the risk of complication remains low. No overt impending thrombus formation was noted. Continued monitoring the T4 levels and systemic BP is recommended. Given normal measured outflow velocities and lack of LA enlargement, no indication for cardiac medications. ECG recommended for further assessment of the non-specific arrythmia. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 6 months, sooner if clinical signs arise.



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)

info@SonoPath.com