



PATIENT PRESENTING CLINICAL SIGNS

Sniffles Tolan History: recently worsening heart murmur

SPECIES Abnormal PE/Chem/CBC/UA Results:

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.6 Lbs.

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	0.58	1.26	0.55	52.9	87.2
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	1.2	1.2	1.2	1.0	1.1	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

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

13058

DATE

12/14/21

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. Color doppler assessment revealed trace mitral insufficiency. 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

- Overtly normal cardiac structure and function
- Normal left atrium



PATIENT

- Trace MR

Sniffles Tolan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no overt cause of the murmur identified in the study. Trivial MR was present. However, this is unlikely to be heard of physical exam. In the absence of significant volume changes such as dehydration or anemia, a physiologic flow murmur potential present at elevated heart rate or a small flow abnormality not seen here are possible. No evidence of systolic dysfunction, left or right heart chamber enlargement or significant valvular insufficiencies noted. Regardless, the lack of left or right heart chamber enlargement indicate that the risk of future complication is low and also indicate that cardiac medications are not indicated. Continued monitoring of the murmur would be appropriate with recheck echocardiogram suggested in 6 months or sooner if clinical signs suggestive of heart disease develop or if the murmur continues to progress in intensity.

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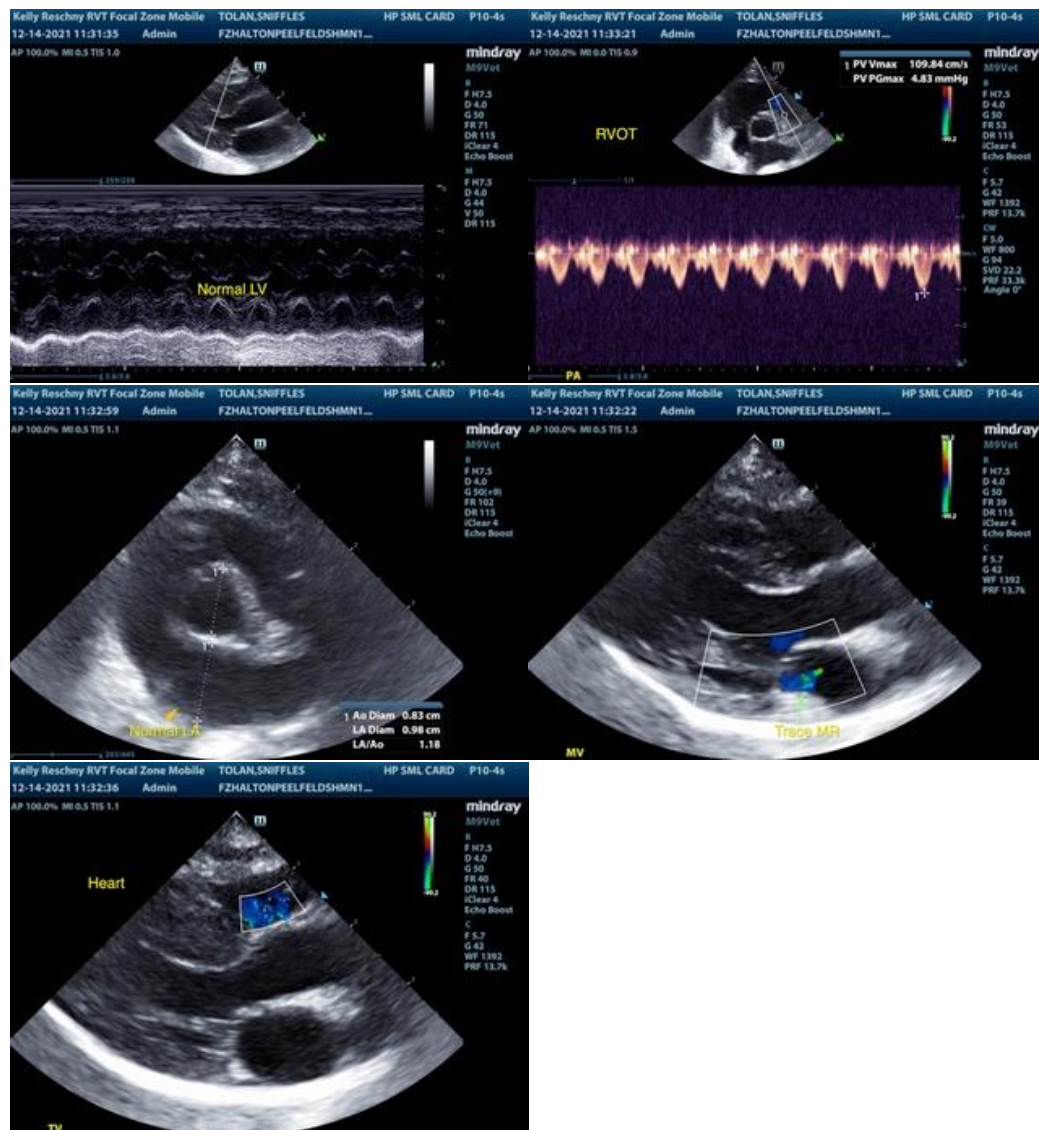
Dr. Walters

INVOICE

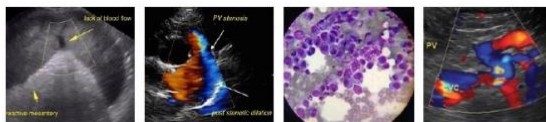
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The information and recommendations provided are based on the images presented by the



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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.

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