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Clinical Sonography & Telecytology
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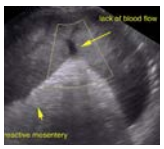
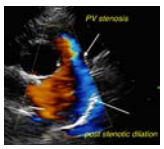
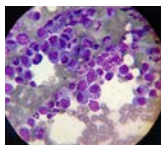
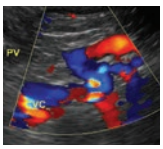

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bear Parsons

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years

WEIGHT
10 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Blairstown AH

REFERRING VET
Dr. Harker

INVOICE
33448

DATE
12/15/21

PRESENTING CLINICAL SIGNS

ADR at home, irregular cardiac silhouette on lateral rads. Current meds: Prednisolone for plasma cell pododermatitis
Abnormal PE/Chem/CBC/UA Results: wnl

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		199	0.51	1.68	0.50	41.2	75.4
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	--	1.54	1.6		1.0	0.8	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 SAM noted. The **left ventricle** presented overall normal thicknesses with maintained linear contour with subjective propensity for potential early subtle hypertrophic IVS and LV free wall changes. No evidence of LV dilation or restriction. 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, potential for very subtle to emerging hypertrophic IVS and LV free wall changes, although not definitive.
- Normal left atrium

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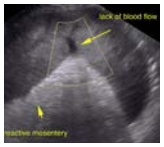
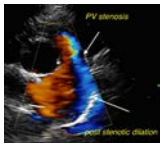
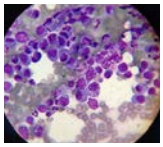
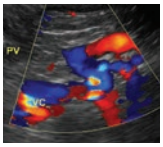

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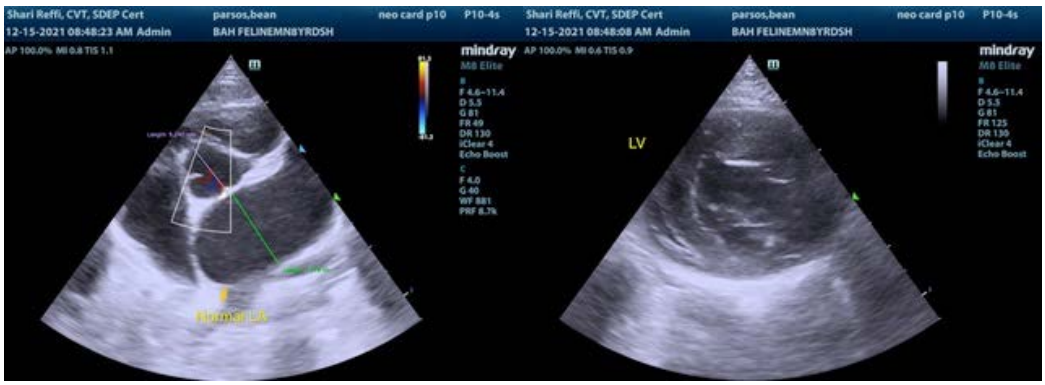
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy was present in this study. Although the IVS and LV free wall measurements were within normal limits, subjectively potential for very early to minor hypertrophic IVS and LV free wall changes are possible. However, this does not appear to be a clinical issue at this time.

Assessment of T4 levels and blood pressure recommended if not done. The normal left atrium as well as lack of left or right heart chamber enlargement, additional clinical issues such as systolic dysfunction, or clinical pulmonary hypertension indicate that the current risk of cardiac disease is low, and was not overtly consistent with a cardiogenic cause of the patient's clinical signs. No indication for cardiac medications. Recheck echocardiogram suggested in 4-6 weeks, primarily to assess for evidence of potential hypertrophic IVS and LV free wall changes, sooner if definitive clinical signs suggestive of heart disease develop.



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