



PATIENT

Larry Meyers
Dr. Pet

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 weeks

WEIGHT

3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Garry Gotfredson

HOSPITAL NAME

Red Hills VH

REFERRING VET

Sarah Meyers, DVM

INVOICE

12826

DATE

12/15/21

PRESENTING CLINICAL SIGNS

-Patient presented for castration. DVM found Grade 5/6 murmur. Dr. Meyers has since adopted the kitten and will care for it.

Abnormal PE/Chem/CBC/UA Results: Grade 5/6 murmur

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		NM	0.3	1.57	0.3	52.2	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		1.28	1.37		NM	NM	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 overtly normal **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal IVS and LV free wall thicknesses with linear contour and subjective mild increased left ventricle volume, given the age of the patient. 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 overtly normal structural integrity. The **right atrium** and auricle revealed potential for mild increased size compared to the left atrium with normal overall structure and content, and without evidence of masses or significant enlargement. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** exhibited potential for mild increased size compared to the left ventricle, with normal overall chordae structure, myocardial echogenicity and overt thickness. **Pulmonic** tract assessment revealed subjective normal valve structure, and diameter compared to the aorta. 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.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjective mild increased left ventricle volume with normal left ventricle systolic function
- Potential mild prominent to subtle enlarged right atrium / right ventricle
- Normal left atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the murmur was not overtly evident in this study. Primary concern is for an unspecified shunt, given the potential for mild increased left ventricle volume, as well as the subjective mild prominent right atrium and right ventricle, although not definitive.

The overall hemodynamic effects of the murmur appear to be relatively mild at this time, yet an overall guarded prognosis may be indicated pending further clarification and definitive diagnosis of the cause of the murmur. Referral to a local cardiologist for further assessment is strongly recommended.

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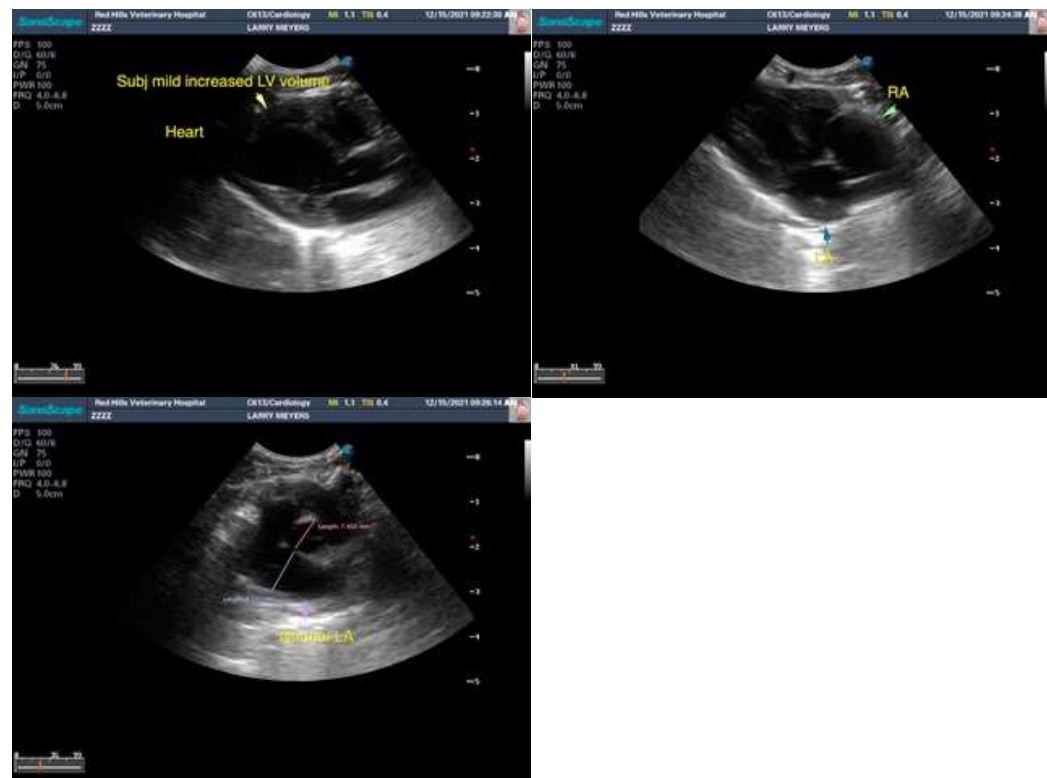
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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