


**PATIENT PRESENTING CLINICAL SIGNS**
**PATIENT**  
 Ribsy Kormos

Presented for a progress exam about asthma before owner goes south for the summer travelling. Found a grade 1-2/6 systolic heart murmur PMI right base. Recommended investigation to see if meds warranted.

**SPECIES**

Feline

Has been on Benazepril(previous kidney insult) Mirtazipine, K Gluconate, Gabapentin and Revolution monthly. HR 186/RR 28

**BREED**

DLH

Abnormal PE/Chem/CBC/UA Results: Bloodwork in November all within normal limits.

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**AGE**

14yr

**WEIGHT**

4.97kg

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		200	0.47	1.51	0.47	47.5	82.3
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	1.25	1.3	1.0	1.2		
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)

**Cardiac Presentation**
**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe Animal Hospital

**REFERRING VET**

Kennedy

**INVOICE**

12459ag

The echocardiogram in this patient demonstrated enlarged left atrial size based on 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. The left ventricular septum and free wall revealed normal thicknesses, reduced contractility and mildly reduced left ventricular volume with subjective reduced diastolic filling. Some echogenic remodeling of the septum and free wall was present. This is most consistent with some level of myocardial fibrosis. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. The right atrium and auricle revealed increased size and normal 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. No arrhythmia noted.

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal cardiac structure and function with mild LV myocardial remodeling

**DATE**

12/16/2022



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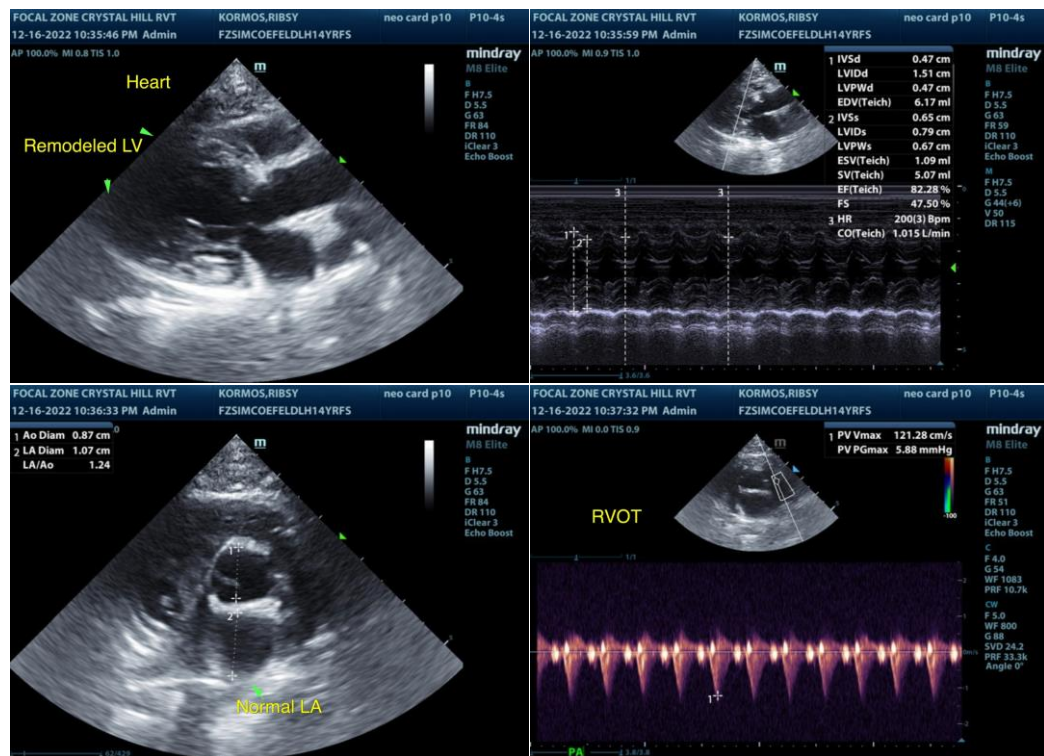
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or functional cardiomyopathy was present in this study with age related LV myocardial changes present. The normal LA size and lack of left/right chamber enlargement indicate that the heart is compensated without evidence of cardiomyopathy. No indication for cardiac medication. Any respiratory abnormalities in this patient are non-cardiogenic in origin. Likely a benign or physiologic flow murmur given this presentation. Conservative monitoring of the murmur is suggested. 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)

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