



PATIENT

Harley Roberts

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 yrs

WEIGHT

10.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

15706

DATE

12/27/22

PRESENTING CLINICAL SIGNS

This is rDVM's technician's kitty. Dx'ed with HCM + SAM Jan 2022 (sonopath echo) . Has been on 12.5 mg lasix + 6.25 mg atenolol liquid compound bid and doing great. Echo today is just a recheck. Patient had gabapentin today due to fractious nature.

Abnormal PE/Chem/CBC/UA Results: labwork sending out today.

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	0.5	1.38	0.5	55.8	87
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	1.2	1.0	0.9	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 measurement methods. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR was noted on Doppler. Previously noted suspected SAM was not definitively evident, yet if systolic murmur is present in this patient, mild persistent SAM is possible. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. No evidence of IVS or LV free wall hypertrophy. 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. Normal measured LVOT velocity was present. 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). Normal measured RVOT velocity was present. 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

- Overtly normal cardiac structure and function

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the previous echocardiogram, no evidence of persistent or progressive IVS or LV free wall hypertrophy. Normal left atrium size indicates that the current and future risk of complications in this patient is low. The cardiac presentation may potentially indicate resolution of previously noted LV hypertrophy / pseudohypertrophy and/or possible previously mentioned iatrogenic or stress-induced event, which may potentially result in cardiogenic pulmonary edema without evidence of significant LA enlargement.

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Regardless, the current cardiac presentation is compensated without overt indication for cardiac medications. Suggest weening of current cardiac medications with close monitoring of clinical response and/or potential recurrence of pulmonary edema/respiratory abnormalities and potential recheck echocardiogram if these clinical signs arise.

AGE

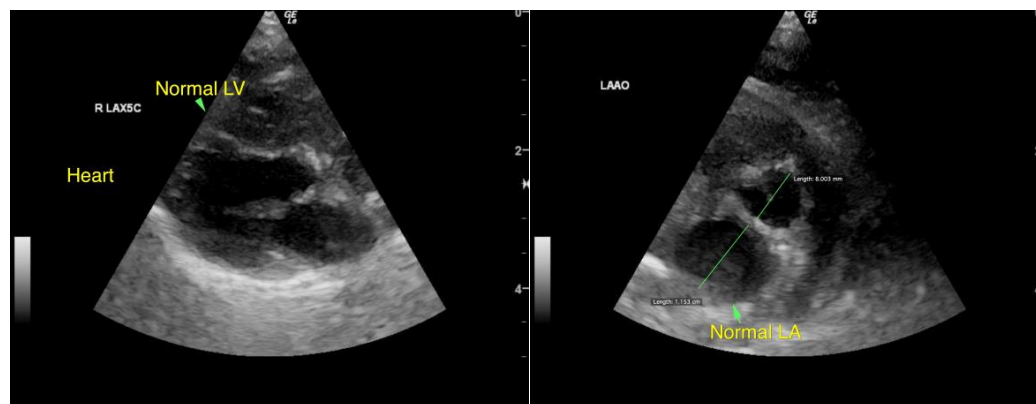
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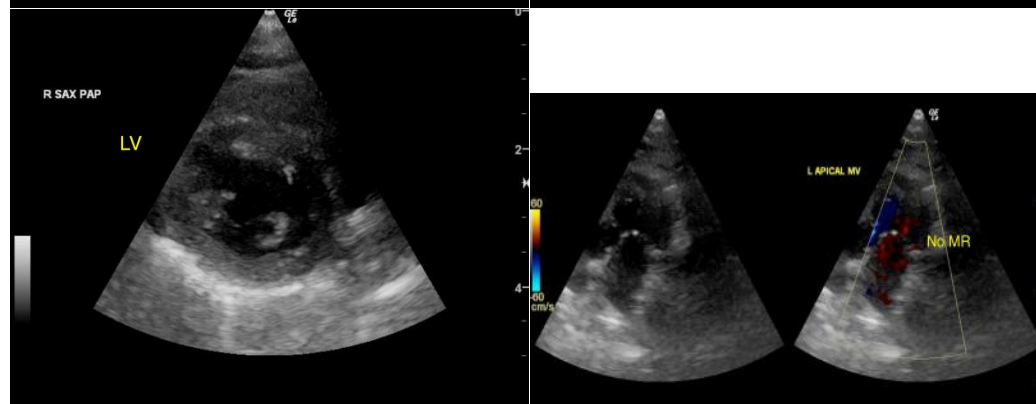


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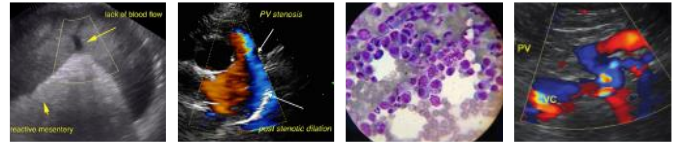
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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