

PATIENT PRESENTING CLINICAL SIGNS

Abbey Grills 2/6 murmur consistently, pulse normal meds: gabapentin, restorolax, forti flora, mirtazapine, cernia, sq fluids
Abnormal PE/Chem/CBC/UA Results: IRIS renal stage 2, borderline anemia, hyperphosphatemia, T4 WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DLH

SEX

Spayed Female

AGE

20 Years

WEIGHT

4.56 kg

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	0.56	1.35	0.47	57.8	92.2
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	1.23	1.37	1.3		1.0	1.3	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

Headon Forest AH

REFERRING VET

Dr. Wallace

INVOICE

35344

DATE

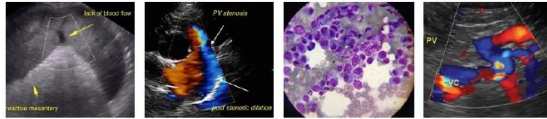
2/1/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. Minor MR present on color doppler assessment. The **left ventricle** presented normal free wall and septal thicknesses with mild alinear contour. The **myocardium** presented some mild remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function for age
- Minor MR



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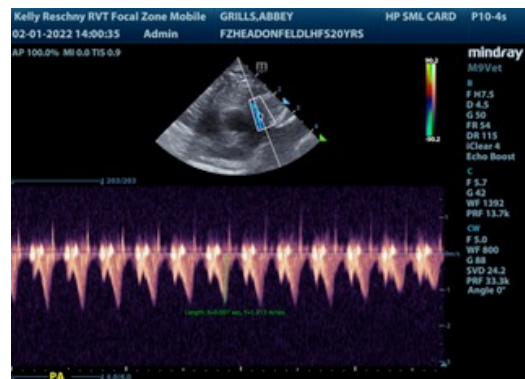
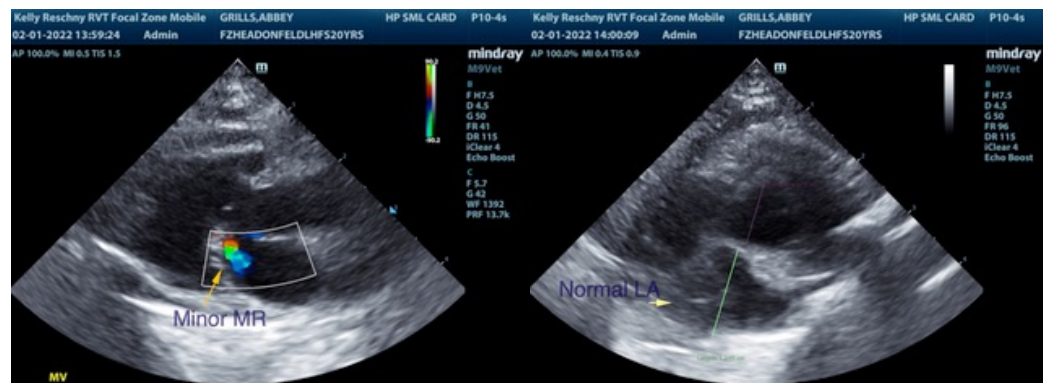
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy with minor evidence of LV myocardial remodeling, which is an age related finding. No evidence of systolic dysfunction, or left or right heart chamber enlargement were noted. Minor MR is present, yet not likely audible. In the absence of volume changes such as dehydration or anemia, a benign physiologic flow murmur, potentially noted at elevated heart rates, or a small flow abnormality not visualized are possible. Regardless, the overall normal cardiac structure and function without evidence of left or right chamber enlargement indicate that the relative risk secondary to the murmur is low. No indication for cardiac medications. Conservative monitoring of the murmur is recommended at this stage. Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of heart disease arise, or if murmur intensity increases.



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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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