

PATIENT PRESENTING CLINICAL SIGNS

Howard Morlock

P had a tachyarrhythmia on auscultation of the chest. P also has been having some respiratory difficulty recently

SPECIES

Abnormal PE/Chem/CBC/UA Results: fPL- abnormal All other bloodwork was within normal limits
HR 200, RR 36

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.7 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		222	0.51	1.48	0.43	51.4	86.3
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	1.38	1.32	1.4	1.1	1.0	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

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Hess

INVOICE

35341

DATE

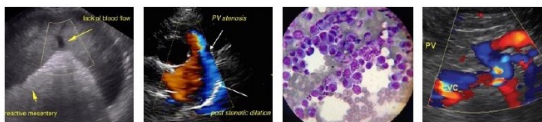
2/1/22

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. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without evidence of significant fibrotic or ischemic disease, yet minor LV myocardial remodeling associated with age was present. **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. Mild tachycardia was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- No evidence of structural or functional cardiomyopathy
- Mild tachycardia, yet no overt evidence of arrhythmogenic disease



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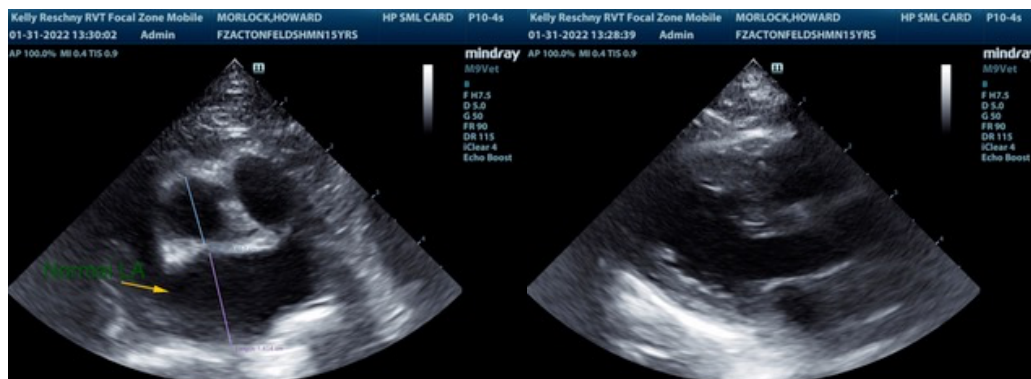
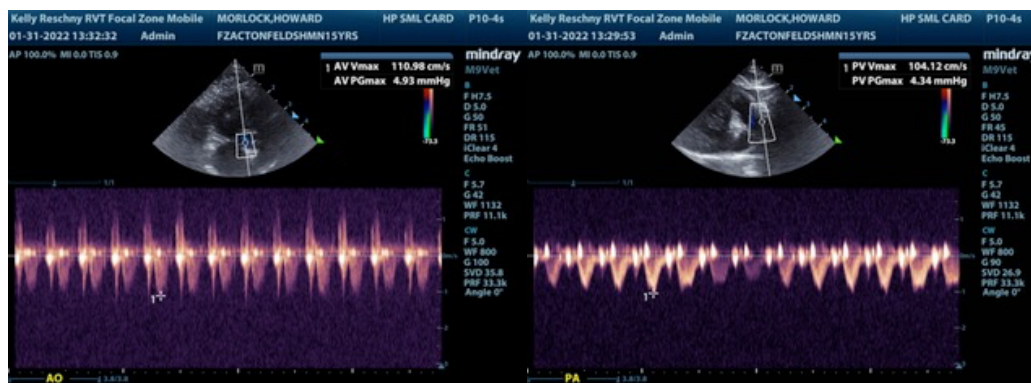
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If tachyarrhythmia is persistent, ECG assessment is recommended for further clarification. Overall, structurally and functionally normal heart without evidence of left or right chamber enlargement or systolic dysfunction indicate that the respiratory abnormalities in this patient are non-cardiogenic in origin. 3-view chest radiographs suggested if not done to assess for evidence of lower airway disease. No indication for cardiac medications.



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)

info@SonoPath.com