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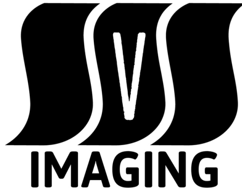

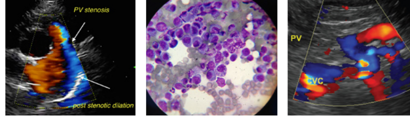

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Winnie Garner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

35353

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Asymptomatic Murmur 2/6 on 11/17/21 had normal ECG at that time. Cardiology report from rads at that time: Moderate cardiomegaly w/no evidence of CHF. VHS=8.7v
Abnormal PE/Chem/CBC/UA Results: Currently taking 18.75mg liquid suspension SID Owner finding it difficult to medicate her.

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		162	0.49	1.2	0.56	52.6	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	NM	1.23	1.2		NM	0.85	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 and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes with adequate extension in systole and union in diastole. No overt systolic anterior motion (SAM) of the mitral valve was noted, yet cannot be definitively excluded. Mild eccentric MR was present. The **left ventricle** presented normal free wall and septal thicknesses with mild alinear contour. The **myocardium** presented some myocardial remodeling consistent with expected age-related change and without evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated subjective turbulent to dynamic systolic 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 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 with mild LV myocardial remodeling
- Turbulent to dynamic LV outflow
- Minor MR

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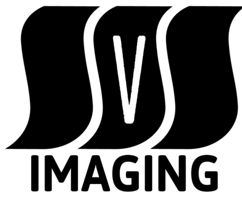

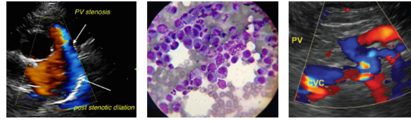

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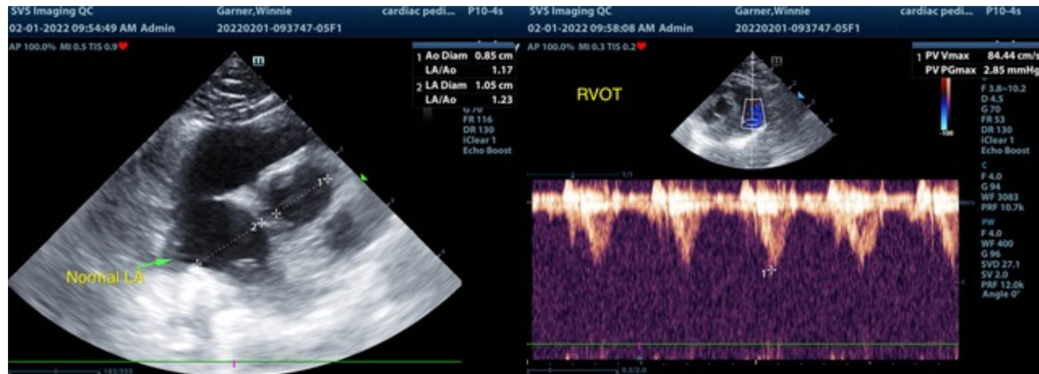
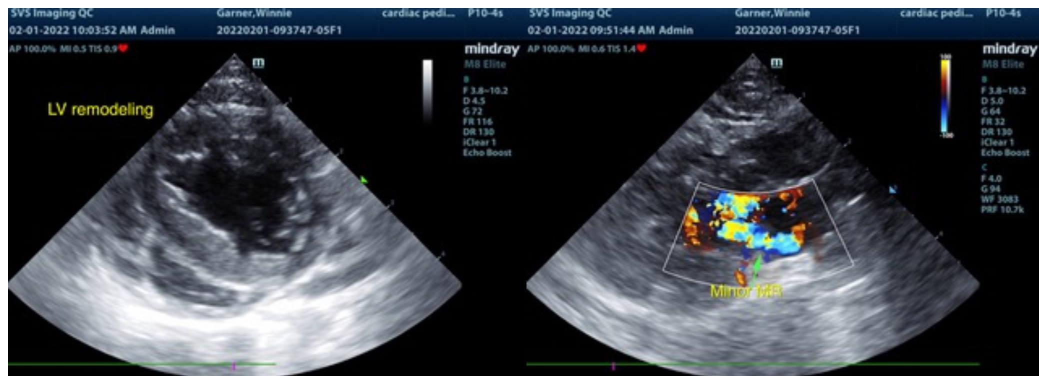
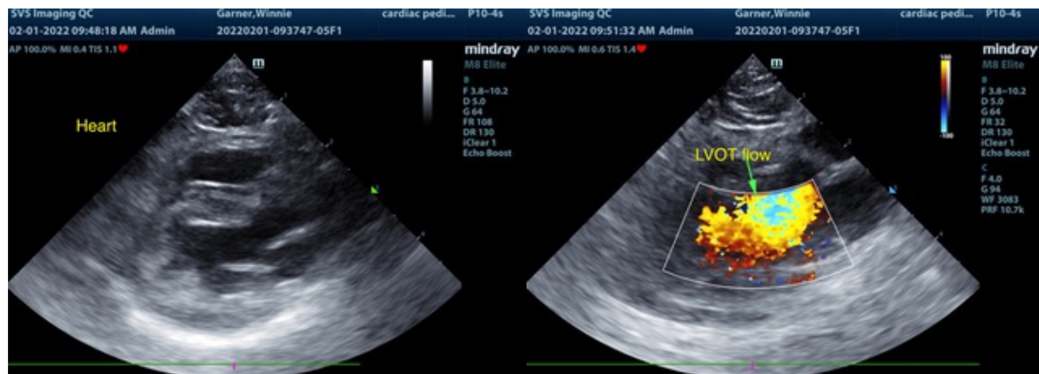
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall normal cardiac structure and function for age without evidence of systolic dysfunction, left or right heart chamber enlargement, or significant valvular insufficiencies. The only potential source of the low grade murmur was the turbulent to dynamic LV outflow, which essentially may equate to a physiologic or flow murmur. Potential for mild SAM (given the presence of mild MR) may be possible, yet not definitive. Regardless, the hemodynamic effects of the murmur appear to be low to mild without evidence of cardiac dysfunction or left or right heart chamber enlargement.

No overt indication for cardiac medications. Conservative monitoring of the low-grade murmur at this stage would be appropriate. Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of cardiac disease arise, or if murmur intensity progresses.







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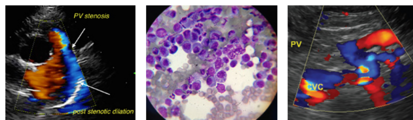

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com