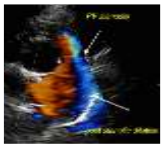
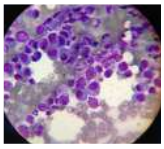
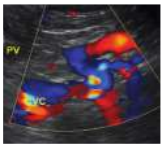
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sweetie Garman

SPECIES

Feline

BREED

Exotic Short Hair

SEX

FS

AGE

3 years

WEIGHT

7.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Burke/Dr. Johnston

INVOICE

13295

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Came in for vomiting. a 3/6 heart murmur was noted during PE.
Abnormal PE/Chem/CBC/UA Results: BW WNL

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		2.4	0.7	1.2	0.5	50	85

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	1.48	1.33	1.4	1.3	1.1	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 left ventricular wall revealed evidence of myocardial remodeling and regions of irregularity with sectorial mild IVS hypertrophy. The endocardium was generally mildly hyperechoic potentially indicative of fibrosis and ventricular remodeling. Papillary muscle hypertrophy was present with regions of concurrent remodeling. The right ventricle exhibited normal size and contractility. The left atrium exhibited normal dimension, with no evidence of spontaneous contrast. The right atrium exhibited normal dimension, with no evidence of spontaneous contrast. The pulmonary artery revealed normal laminal systolic flow. Overt evidence of systolic anterior motion (SAM) of the mitral valve was not definitively evident with normal measured LVOT velocity and laminar flow on doppler. No overt evidence of MR was noted. No overt evidence of TR was noted. Normal LV systolic function was present. There is no evidence of pericardial or free pleural fluid. No overt cardiac tumors were evident.

ULTRASONOGRAPHIC FINDINGS

- LV myocardial remodeling with sectorial mild IVS hypertrophy
- Mildly prominent to remodeled papillary muscle
- Normal LA/RA

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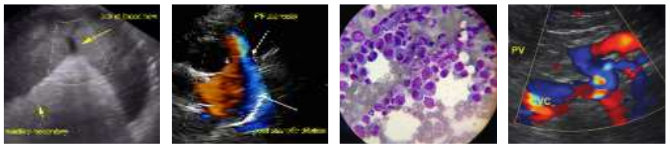

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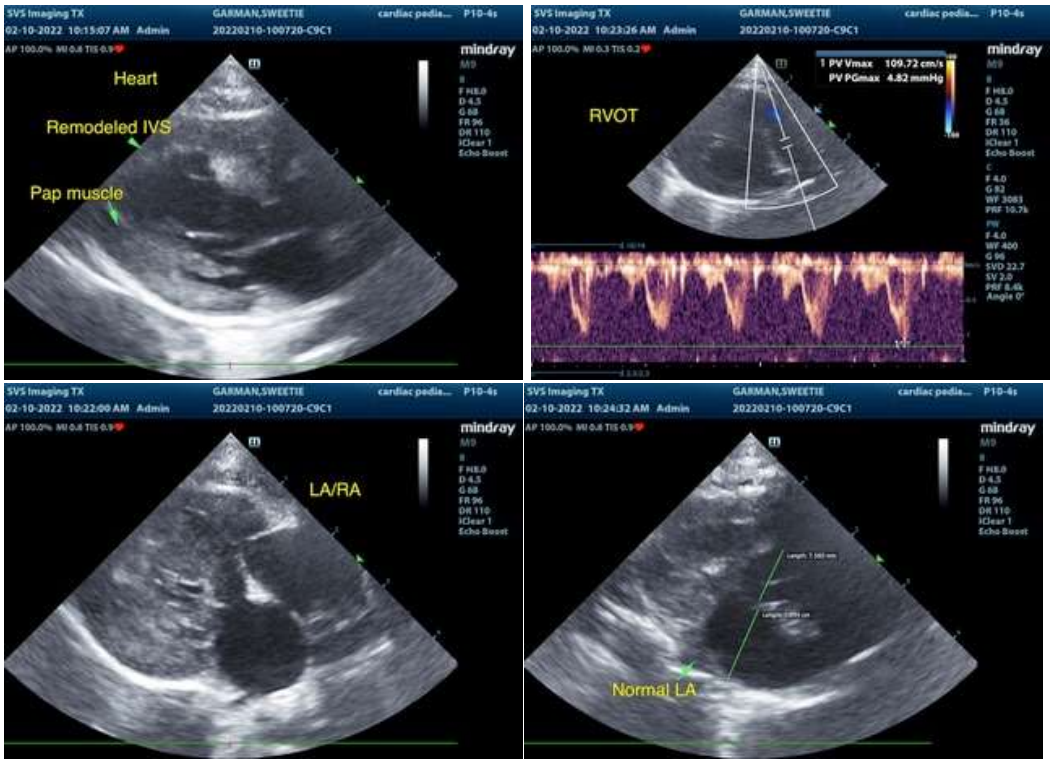
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the LV myocardial remodeling and sectorial mild IVS hypertrophy, the cardiac presentation may represent a form of possible HCM with HOCM without visualized SAM also possible. Assuming no evidence of volume changes i.e., dehydration or anemia, a potential physiologic flow murmur potentially noted at elevated heart rates or other small flow abnormality not visualized as a potential cause of the murmur is also possible.

Regardless of classification, overall normal cardiac functionality without evidence of chamber enlargement indicates that the relative risk secondary to the murmur is low at this stage. No overt indication for cardiac medications was evident. Assessment of T4 level and BP suggested to rule out possible complicating factors. Conservative monitoring at this time would be appropriate. However, sonographic monitoring is advised for further prognosis. Recheck echocardiogram is suggested 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)
info@SonoPath.com