

**PATIENT**

Mia Jackowski

**PRESENTING CLINICAL SIGNS**

new murmur noted on exam, assess for anesthesia  
Abnormal PE/Chem/CBC/UA Results: wnl

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

N/A

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		196	0.41	1.24	0.39	59.3	91.5
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/)
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.2	1.28	1.2		1.2	0.94	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 that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic 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 cor pulmonale or pulmonic hypertension. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Christensen

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal cardiac structure and function with mild LV myocardial remodeling

**INVOICE**

35673

**DATE**

2/15/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant structural or functional cardiomyopathy, including no evidence of left or right heart chamber enlargement, systolic dysfunction, or significant valvular insufficiencies. An obvious source of the murmur was not definitively evident. In the absence of dehydration or anemia, a benign physiologic or flow murmur or potential small flow abnormality not visualized may be possible. Regardless, overall normal cardiac structure and function indicates that any relative risk secondary to



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the murmur is low. No overt anesthetic contraindications, nor overt indications for cardiac medications. Conservative monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram suggested in 6 months, sooner if clinical signs arise, or if murmur intensity progresses.

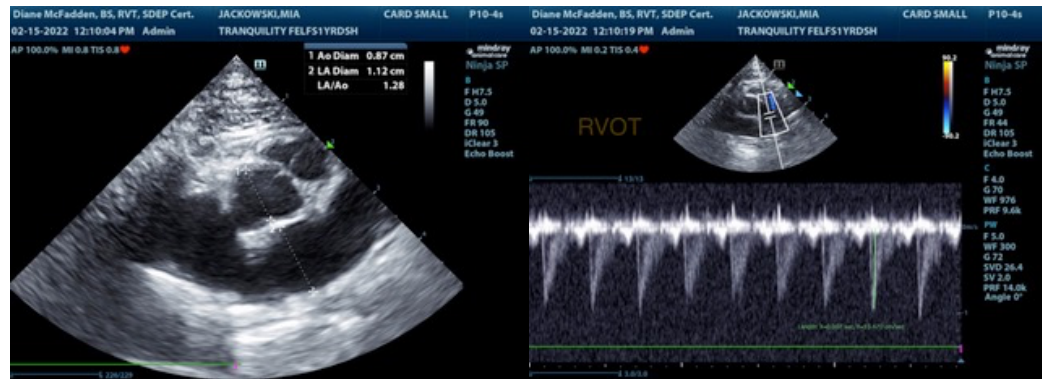
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Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists. Screening systemic blood pressure suggested prior to anesthesia.

**BREED**

DSH



**SEX**

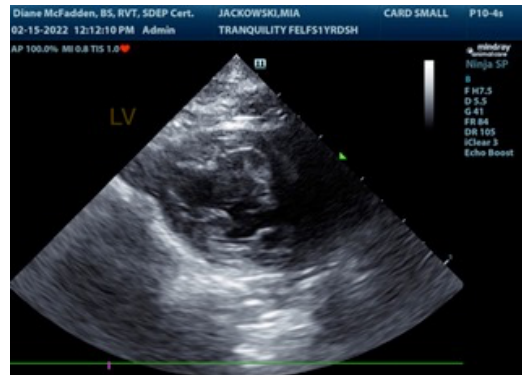
Spayed Female

**AGE**

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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.

**HOSPITAL NAME**

Tranquility VC

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)**

**REFERRING VET**

Dr. Christensen

info@SonoPath.com

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