



PATIENT

Frankie Cole

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Holly, LVT

HOSPITAL NAME

All Pets Medical

REFERRING VET

Dr. Agnes Rupley

INVOICE

35744

DATE

2/18/22

PRESENTING CLINICAL SIGNS

PRESENTED FOR: Eye discharge. HISTORY: Frankie has a history of hypertrophic cardiomyopathy and heart murmur. The murmur is not ausculted today. REPORTED SYMPTOM: Noticed about 3 weeks ago that he has some pink/red looking eye goo on the corner of the right eye. O cleans the eyes when they have this goo about every other day. Nystagmus noted byt O occasionally, starting about 6 months ago. VITALS: 12.3# Temperature: 102.4 Heart Rate: 84 bpm Respiratory Rate: 56 bpm Mucous Membrane Color: Pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Adv. Multi EXAM FINDINGS: V/S 6/9 Scratches with otoscopic exam of the right ear canal. A small amount of cerumin is present bilaterally. Tympanums appear normal. A pink mucous discharge is present from the right eye. Horizontal nystagmus bilaterally. At times horizontal nystagmus is present only in the right eye. Normal physiologic nystagmus in both eyes. Nuclear sclerosis bilaterally and structures caudal to the lenses cannot be clearly visualized. The blue irises have some gray areas. Normal menace and dazzle reflexes. Decreased PLR bilaterally direct and consensual. Normal palpebral reflexes. Facial sensation appears normal. Decreased pain response in left front leg. Decreased placing of left leg. Respiration appears normal. Normal respiratory sounds ausculted. Normal breathing rate and depth are present. No nasal discharge is present. LAB RESULTS: Intraocular pressures are low at 12 mmHg in the right eye, and 13 mmHg in the left eye Schirmer tear test results are 15mm in the left eye and 25 millimeters in the right eye Other lab results pending.

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		NM	0.64	1.37	0.60	56.9	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/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	NM	1.56	1.33	NM	1.7	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 with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets exhibited subjective mild thickening without overt evidence of MR. The **left ventricle** presented mild excessive free wall and septal thicknesses with increased endocardium echogenicity, suggestive of fibrosis. Focal IVS myocardial hypertrophy noted in the area of the LV outflow tract. Concurrent papillary muscle hypertrophy with remodeling was present. **Contractility** of the ventricular walls was adequate, demonstrated by the fractional shortening measurement. The **left ventricular outflow** tract demonstrated subjective normal structural integrity. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial



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echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. Borderline elevated RVOT. No visible **pericardial** or free pleural fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** and pericardial regions were free of masses in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy exhibiting myocardial remodeling and basilar IVS hypertrophy
- Normal left atrium
- Borderline elevated RVOT velocity

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram consistent with previous diagnosis of hypertrophic cardiomyopathy with evidence of myocardial remodeling. Overt evidence of systolic anterior motion (SAM) of the mitral valve was not definitively evident. Assessment of T4 levels and systemic blood pressure is suggested to rule out contributing factors.

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The left atrium indicates that the relative risk of complication and thrombus formation is relatively low at this stage. No overt indication for cardiac medications. Potentially, some contribution to the murmur may be secondary to borderline elevated RVOT velocity, which is essentially a physiologic flow murmur. Conservative monitoring of the heart at this stage would be reasonable. Recheck echocardiogram suggested in 6 months, sooner if clinical signs arise.

AGE

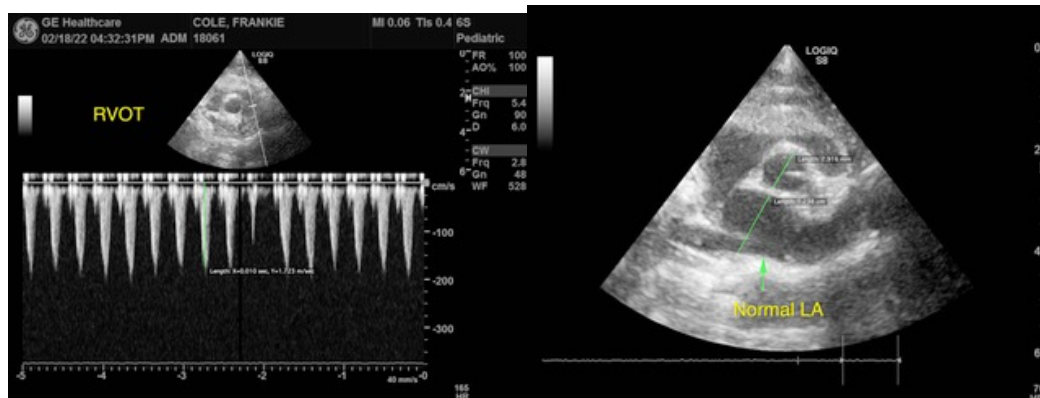
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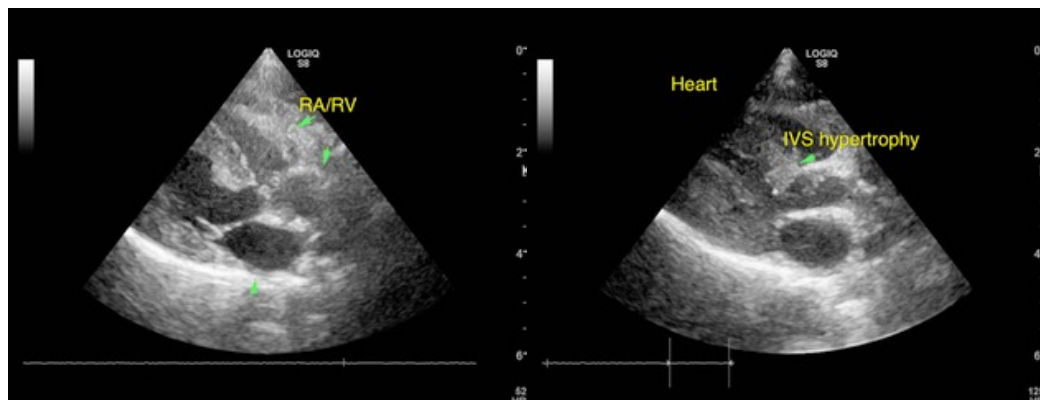


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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