



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Bobcat Richards History: Heart murmur grade 2-3/6 his whole life (per owner). Pre surgery screening (Cat needs to have Dental sx). Recent UTI.

**SPECIES** Feline Abnormal PE/Chem/CBC/UA Results: Chem/CBC WNL. Colleague did not run a T4.

Feline

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (cm)	FS (%)	EF (%)
DLH								
<b>SEX</b>	<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
Neutered Male	<b>PATIENT</b>	--	NM	0.58	1.13	0.63	44.2	78.9
<b>AGE</b>	<b>FELINE CARDIAC PARAMETERS</b>	<b>LA/AO (Boon)</b>	<b>LA/AO HEART BASE (Sisson)</b>	<b>LA</b> 2D 4-chamber long axis AS to FW (Sisson) (cm)		<b>LVOT VEL.</b> (m/s)	<b>RVOT VEL.</b> (m/s)	<b>IVRT</b> (m/)
8 Years								
<b>WEIGHT</b>	<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
13.1 Lbs.	<b>PATIENT</b>	--	1.23	1.25		<2.0	0.93	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

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

## IMAGING PERFORMED BY

Michelle Bartus

## HOSPITAL NAME

Valley Veterinary Svc,  
Inc.

## REFERRING VET

Dr. Michelle Bartus

## Cardiac Presentation

The left ventricular walls exhibited borderline to mild hypertrophy with subtle regions of irregularity. Subjective, diffuse, mildly hyperechoic endocardium noted, suggestive of fibrosis with ventricular remodeling. Papillary muscle hypertrophy was present with regions of remodeling. The right ventricle was of normal size compared to the left ventricle. The left atrium exhibited normal dimension without evidence of dilation or spontaneous contrast. The right atrium was normal in size and structure. RVOT velocity was normal. Suspect systolic anterior motion (SAM) of the mitral valve with concurrent mild turbulent to dynamic LVOT flow. Minor eccentric mitral insufficiency suspected secondary to SAM was present. No overt concurrent TR. No other obvious valvular regurgitations present. No pericardial or pleural effusion noted. No obvious cardiac tumors present.

## ULTRASONOGRAPHIC FINDINGS

- Probable hypertrophic obstructive cardiomyopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

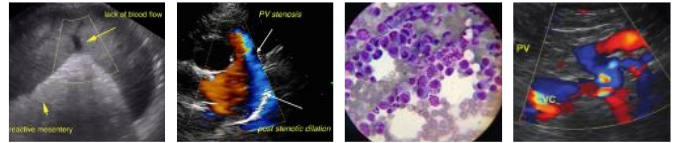
The echocardiogram is most consistent with hypertrophic obstructive cardiomyopathy, given the presence of borderline to mild LV hypertrophy with suspect mild dynamic LVOT obstruction secondary to suspected SAM. This appears to be compensated at this time given the lack of left atrium enlargement, indicating the risk of spontaneous CHF or thrombotic event is low. Given the overall compensated presentation of the heart, as well as lack of overt evidence of significant LVOT dynamic obstruction, conservative monitoring at this stage would be reasonable. Assessment of systemic blood

## INVOICE

14050

## DATE

2/23/22



**PATIENT**

Bobcat Richards

pressure and T4 levels, to rule out complicating factors, is advised. Assuming no evidence of hypertension, no overt anesthetic contraindications. The following anesthetic protocol is recommended. Recheck echocardiogram suggested in 6 months to assess for evidence of progression or sooner if clinical signs consistent with heart disease arise.

**SPECIES**

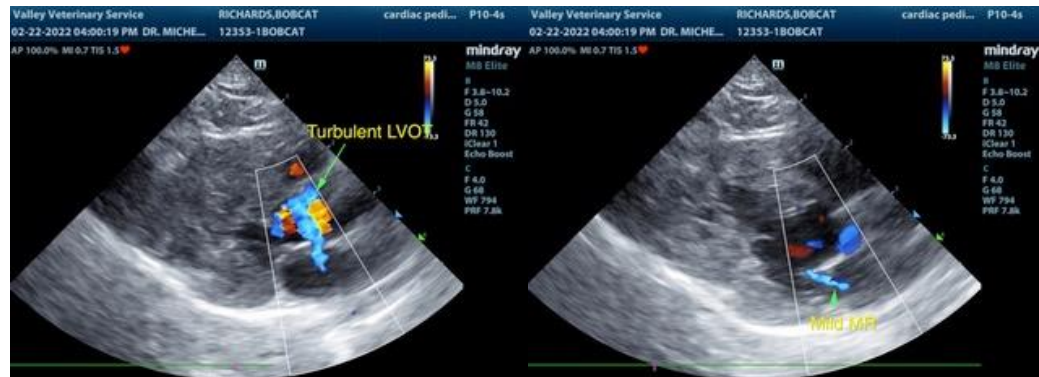
Feline

**BREED**

DLH

**SEX**

Neutered Male

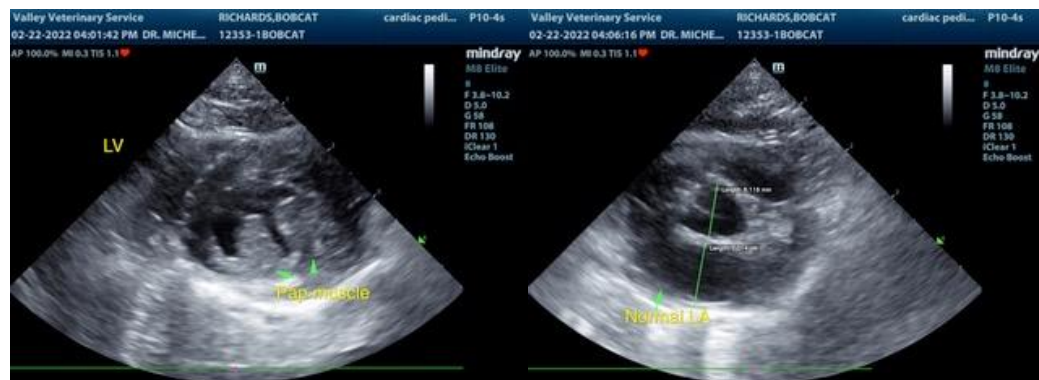


**AGE**

8 Years

**WEIGHT**

13.1 Lbs.



**INTERPRETED BY**

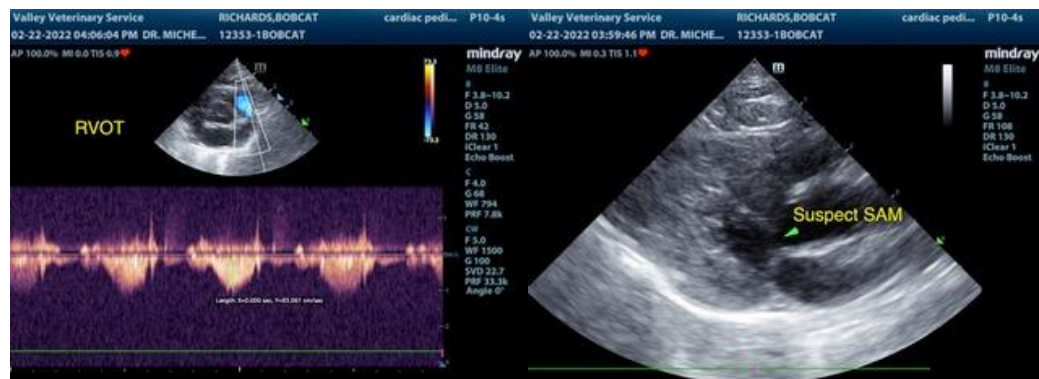
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DVM, DABVP  
(Canine and Feline)

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**PATIENT**

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**SPECIES**

Feline

**BREED**

DLH

**SEX**

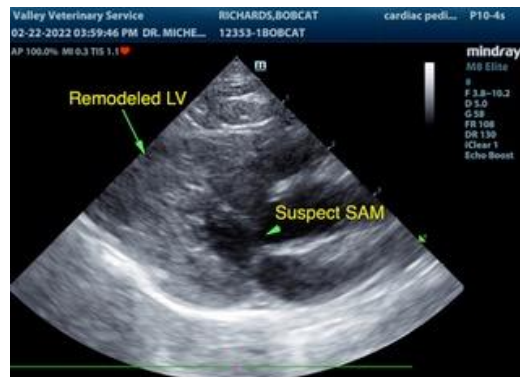
Neutered Male

**AGE**

8 Years

**WEIGHT**

13.1 Lbs.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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

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