



PATIENT

Taylor Carlson

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

9 years

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tim Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Tim Hunt

INVOICE

13270

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Had a fainting episode last week

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	0.37	1.8	0.42	57.2	91.7
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		1.47	1.23	NM	NM	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 based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed subjective normal valve structure, mildly dynamic to turbulent systolic flow and normal diameter. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal cardiac structure and function



PATIENT

- Mild subjective turbulent to dynamic RVOT outflow

Taylor Carlson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

No evidence of structural or functional cardiomyopathy was evident. If a murmur is present in this patient, it may be secondary to mild turbulent to dynamic RVOT systolic flow, which is essentially a physiologic flow murmur. No evidence of systolic dysfunction or other valvular insufficiencies were noted.

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Although a paroxysmal cardiac event as a potential cause of the fainting episode cannot be definitively excluded, the overall normal cardiac structure and function suggest that this is an unlikely possibility. ECG assessment could be considered to assess for possible intermittent to paroxysmal arrhythmia. No indication for cardiac medications was evident.

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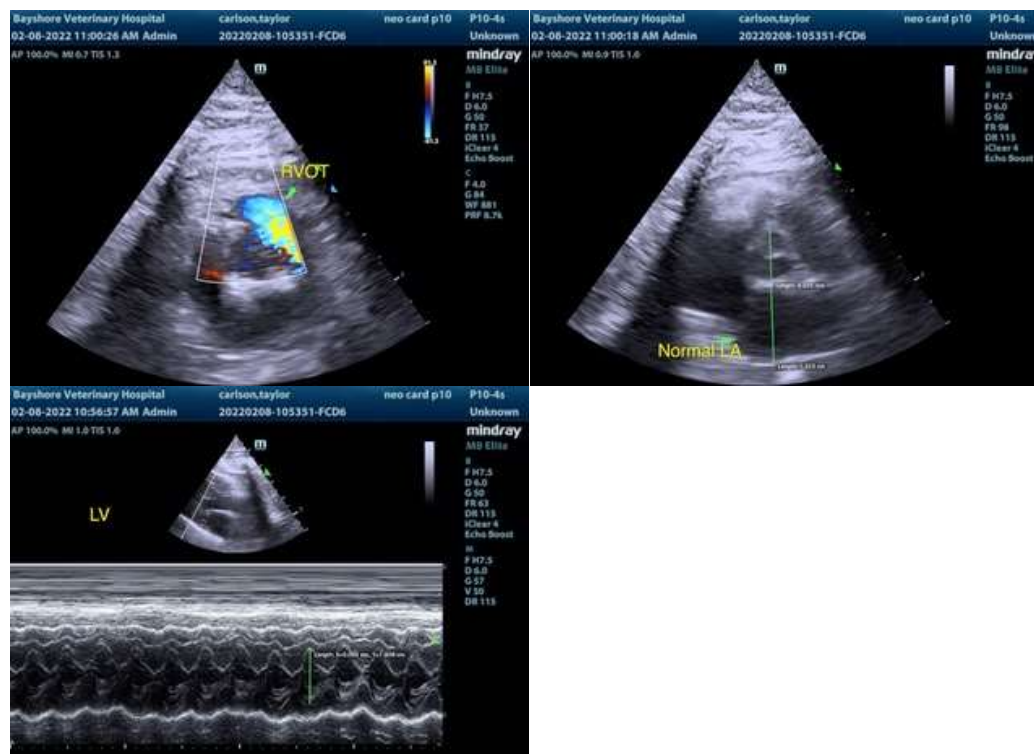
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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