IMAGING PERFORMED BY
SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pepe Gwizdek

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

9.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Panther

INVOICE

13283

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History of an intermittent heart murmur, recently ausculted and now a consistent left 3/6 heart murmur. Not symptomatic. History of allergic dermatitis, had used Pred last year but now will use Atopica. Exam findings and abnormal lab values: Chest rads - cardiomegaly, enlarged pulmonary vessels (most notable of the caudal vessels) Question you want answered with an ultrasound: HCM? Pulm hypertension? What meds to start.

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		260	0.45	1.13	0.47	62	93.2
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	1.43	1.38	1.2		1.0	1.2	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. No overt systolic anterior motion (SAM) of the mitral valve was evident. 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 normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes.

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The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Mild tachycardia for species without evidence of arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

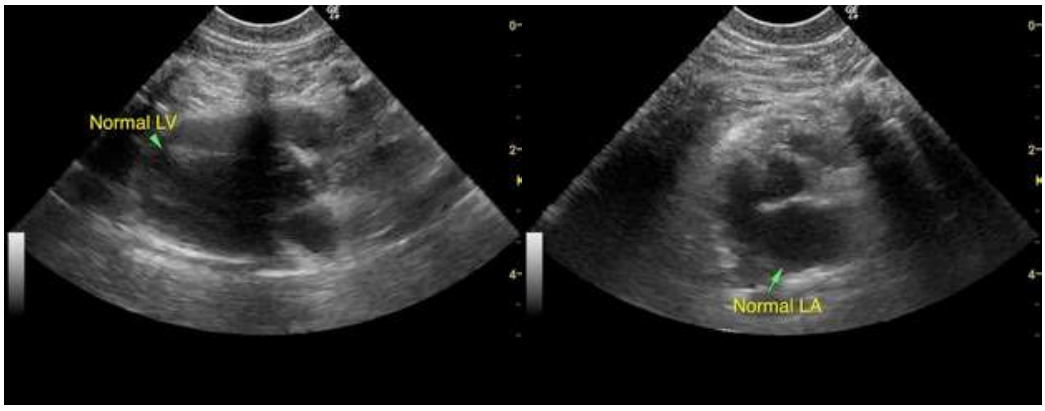
- Overtly normal cardiac structure and function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of hypertrophic LV changes, systolic dysfunction, significant valvular insufficiencies or evidence of clinical pulmonary hypertension.

A definitive cause of the murmur was not overtly evident in this patient. Assuming no evidence of volume changes i.e., dehydration or anemia, a physiologic flow murmur perhaps noted at elevated heart rates or a small flow abnormality not visualized here are possible. Regardless, the lack of left or right heart chamber enlargement and normal cardiac functionality Indicates that the risk of complication secondary to a potential murmur is low. No indication for cardiac medications was evident, as well as no overt cardiogenic cause of potential vascular congestion.

Conservative monitoring of the murmur at this stage would be appropriate. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs suggestive of heart disease arise or if murmur Intensity progresses.



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com