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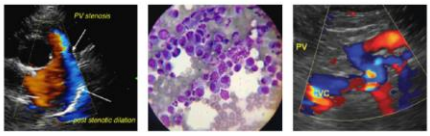
fredgromalak@gmail.com



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

PATIENT

Gazpacho Rescue Outreach

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

12 weeks

WEIGHT

2.75 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Tia Kastensen

INVOICE

10089ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Kitten came to shelter in earlier this week for upper respiratory infection and lip ulcers. Abnormal dilated vessels where noted on abdomen during PE. He was given an antibiotic injection for the infection. Concerns were for liver shunt or an AV fistula. Radiographs and chem profile were all normal. Chest rads revealed some enlargement of pulmonary arteries/veins. He is doing well and his respiratory infection has seemed to be improving. Echo to assess the heart is recommended.

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		246	0.40	0.88	0.41	62	95
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		1.1	1.2		1.0	1.6	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 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. The cranial mediastinum and pericardial regions were free of masses in the visible window.

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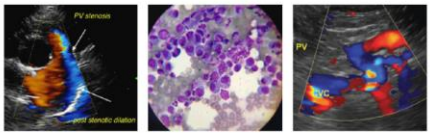

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function.

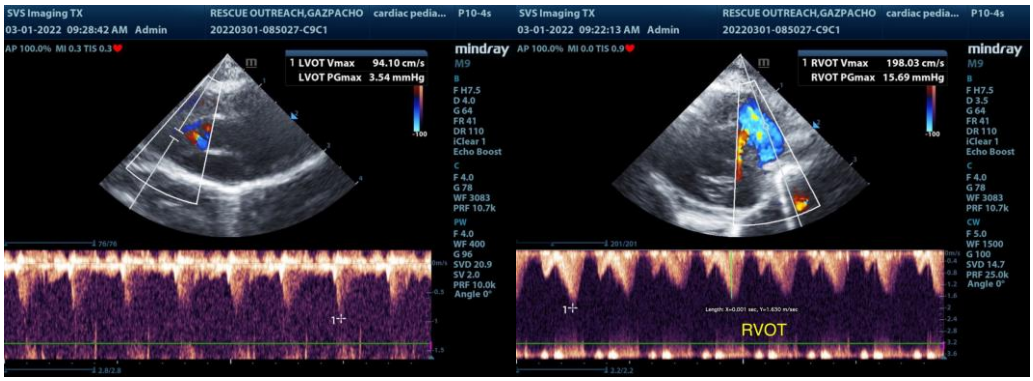
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

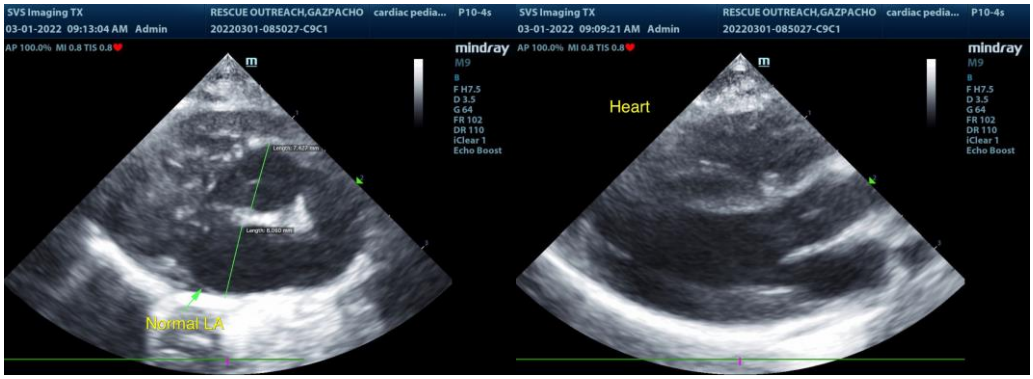
No evidence of structural or functional cardiomyopathy was observed. Overt evidence of a shunt given the lack of left or right heart chamber enlargement was not evident. No other clinical issues such as systolic dysfunction, significant valvular insufficiencies or overt stenotic disease were noted.

If a murmur is present in this patient (not reported in the history) the only potential source of possible murmur may be secondary to mild elevated RVOT velocity which is essentially a physiologic/flow murmur.

An obvious cause of potential pulmonary artery/vein dilation was not definitively evident.

With no indication of impending cardiac dysfunction, monitoring at this stage would be appropriate. Recheck echocardiogram could be considered at approximately 4-6 months of age or if a non-reported murmur is detected.





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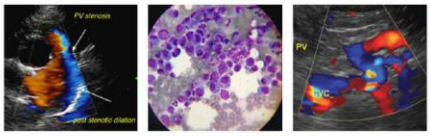

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com