



PATIENT

A.K. Ulrich

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

8 months

WEIGHT

8.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Garry Gotfredson
DVM

INVOICE

16375

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Shelter cat. Employee just adopted. Grade 3 heart murmur. No clinical signs. Did have anaphylactic reaction with vaccines.

Abnormal PE/Chem/CBC/UA Results: FELV/FIV negative

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	1.36	0.36	50	85
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		1.4	1.3	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 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.

ULTRASONOGRAPHIC FINDINGS

- Overly normal cardiac structure and function



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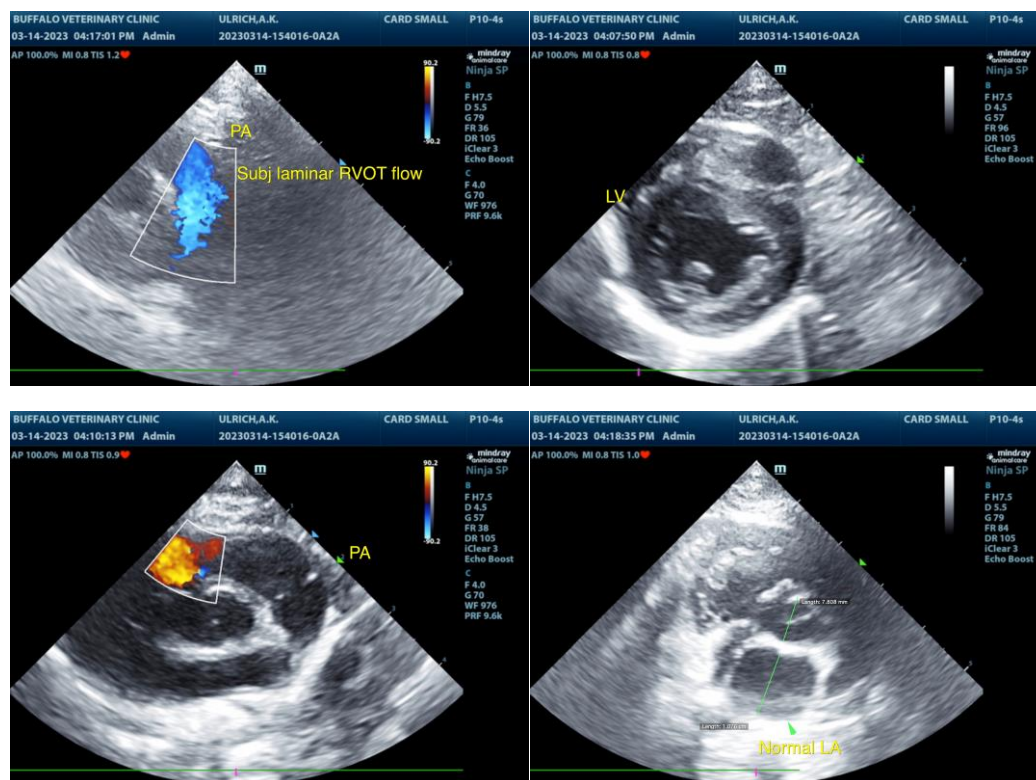
3/14/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was noted. No sonographic evidence of clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, arrhythmogenic disease, HCM criteria, or other cardiomyopathy were noted.

A definitive cause of the reported murmur was not obvious. Assuming no evidence of volume changes, i.e., dehydration or anemia, a benign physiologic / flow murmur or small non-visualized flow abnormality is possible. Regardless, the lack of left or right heart chamber enlargement indicates that the hemodynamic effects of the murmur at this stage are low. There is no indication for cardiac medications. There are no overt anesthetic contraindications, given the normal cardiac structure and function, if anesthesia is required.

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





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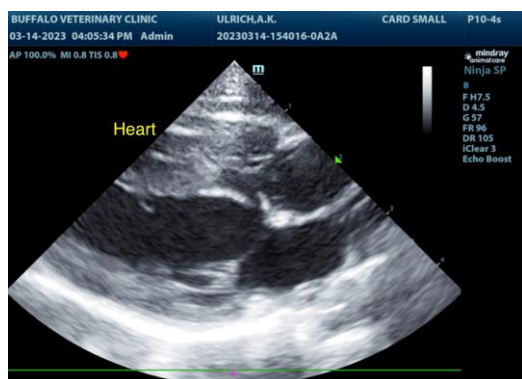
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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