



PATIENT

Jack Meaney

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

14.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

16380

DATE

3/15/23

PRESENTING CLINICAL SIGNS

aclinical 2/6 L parasternal murmur. Recently adopted pet.

Abnormal PE/Chem/CBC/UA Results: proBNP (feline) 199

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		185	0.63	1.2	0.60	60	87
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	1.1	1.2	1.0	1.4	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 and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared potentially minor thickened with no overt MR on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with subtle increased endocardium echogenicity. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate for this patient evidenced by the elevated fractional shortening measurement above. Subtle decreased LV volume was noted. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened LV
- Normal LA



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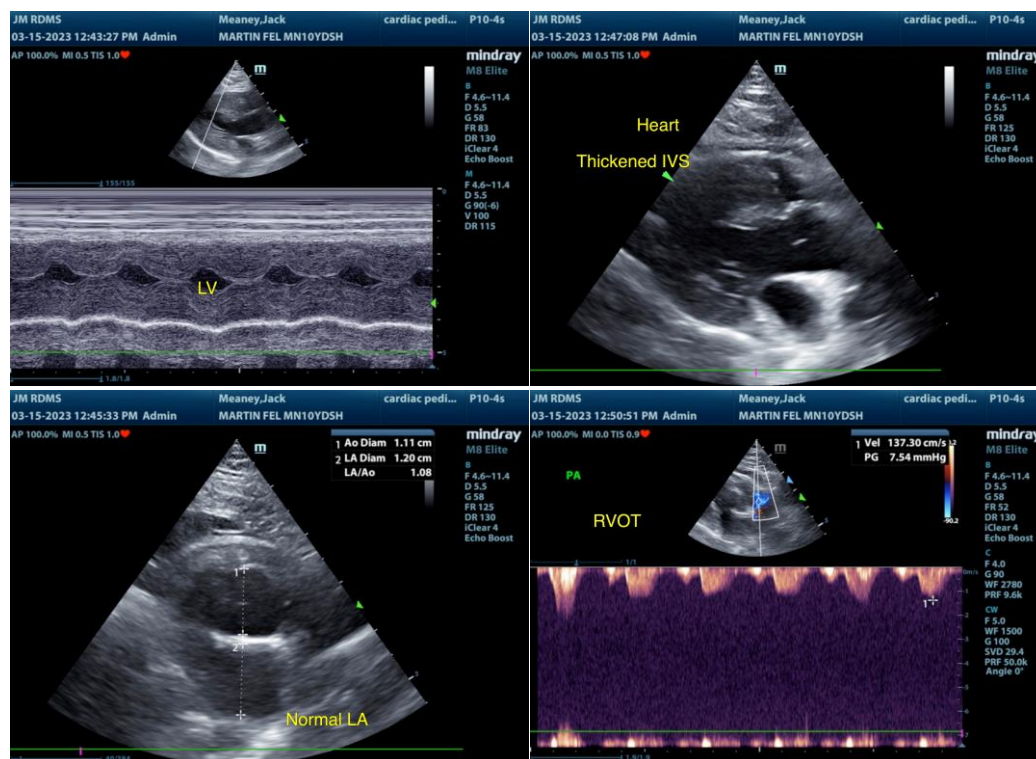
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is consistent with mild HCM criteria, which would be a rule-out diagnosis assuming the patient is euthyroid and normotensive. Assessment of T4 levels and systemic BP is recommended if not done. No overt evidence of additional clinical issues such as LV systolic dysfunction or definitive / significant valvular insufficiencies. Assuming no evidence of volume changes such as dehydration or anemia, associated benign physiologic / flow murmur is suspected. Overall, the heart appears to be compensated, given the lack of left atrium enlargement. Pending additional diagnostics, no overt indication for cardiac medications at this stage. However, serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise or if murmur intensity increases.



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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