



PATIENT

Maebly Cox

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

12.15lb

PRESENTING CLINICAL SIGNS

HCM and asthma since 12wks of age. Monitoring.

Current meds: Atenolol 25mg 1/2 sid

Abnormal PE/Chem/CBC/UA Results: Pending

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		160	0.45	1.66	0.42	47	82
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	1.24	1.24	1.3	1.0	0.72		
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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

13190ag

DATE

03/16/2023

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate LA measurements. No evidence of spontaneous contrast or smoke. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR on Doppler. No evidence of SAM. 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. The 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 minor dynamic to turbulent systolic flow with normal 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

- Overtly normal cardiac structure and function.
- Minor dynamic LVOT outflow.



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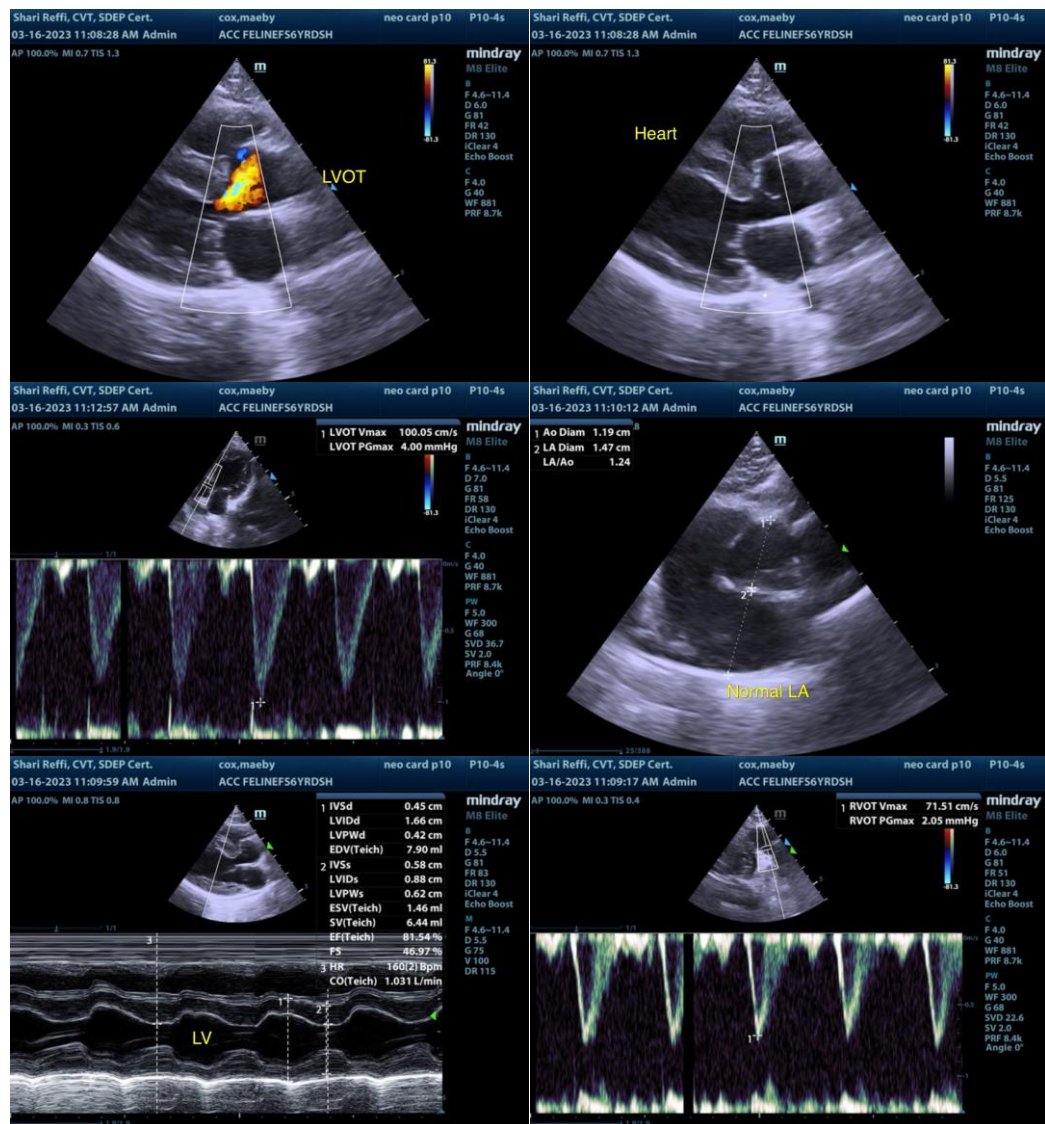
DATE

03/16/2023

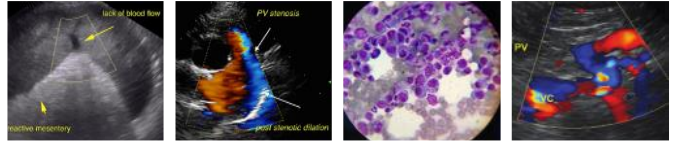
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the structural and functional appearance of the heart appeared to be normal without evidence of HCM criteria at this stage. No clinical issues such as LV systolic dysfunction, left/right heart chamber enlargement or significant valvular insufficiencies. If a murmur is present, it would be suspected to be secondary to mild dynamic to turbulent LVOT outflow which is essentially a flow murmur. Atenolol from a cardiac standpoint is considered debatable at this stage given no evidence of SAM or overt HCM criteria.

Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.



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.



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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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