

PATIENT PRESENTING CLINICAL SIGNS

KiKi Havlin

History: KiKi is newly adopted. He is FIV POSITIVE. Chronic diarrhea. He has been on Tylan for the last 6 weeks. Changed Tylan to Metronidazole with little improvement. Dental disease. Abnormal PE/Chem/CBC/UA Results: BW shows BNP of 181 Borderline low Albumin.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.3 Pounds

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	--	71	0.47	1.8	0.42	44.4	79.7
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	1.3	1.35	1.2	0.9	0.5	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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Miller, Creature Comfort

INVOICE

14426

DATE

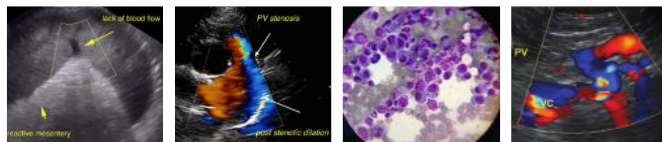
3/21/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. No evidence of spontaneous contrast or thrombus. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal IVS and LV free wall thicknesses with subtle areas of asymmetry and with subjective mild increased LV volume. The **myocardium** presented overall normal echogenicity with potential areas of minor to indistinct myocardial remodeling. Mildly prominent to remodeled papillary muscles were present. **Contractility** of the ventricular walls was adequate, as 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, chamber overload or spontaneous contrast was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. Minor TR was present on doppler (1.6). 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. Possible bradycardia present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac function



PATIENT • Mild LV enlargement

KiKi Havlin • Normal LA

SPECIES • Feline

Feline • Possible bradycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED The echocardiogram revealed overtly normal cardiac function with potential areas of LV myocardial and papillary muscle remodeling, which are nonspecific. Potential for emerging, unclassified cardiomyopathy cannot be definitively excluded, yet given the normal left atrium size, lack of significant LV systolic dysfunction or evidence of clinical pulmonary hypertension, conservative monitoring at this stage, along with serial sonographic monitoring, for further assessment and prognosis, would be appropriate.

SEX

Neutered Male No indication for current cardiac medications. Monitoring of BNP as well as recheck echocardiogram in 6 months recommended, or sooner if clinical signs consistent with heart disease arise, or if cardiac murmur is detected.

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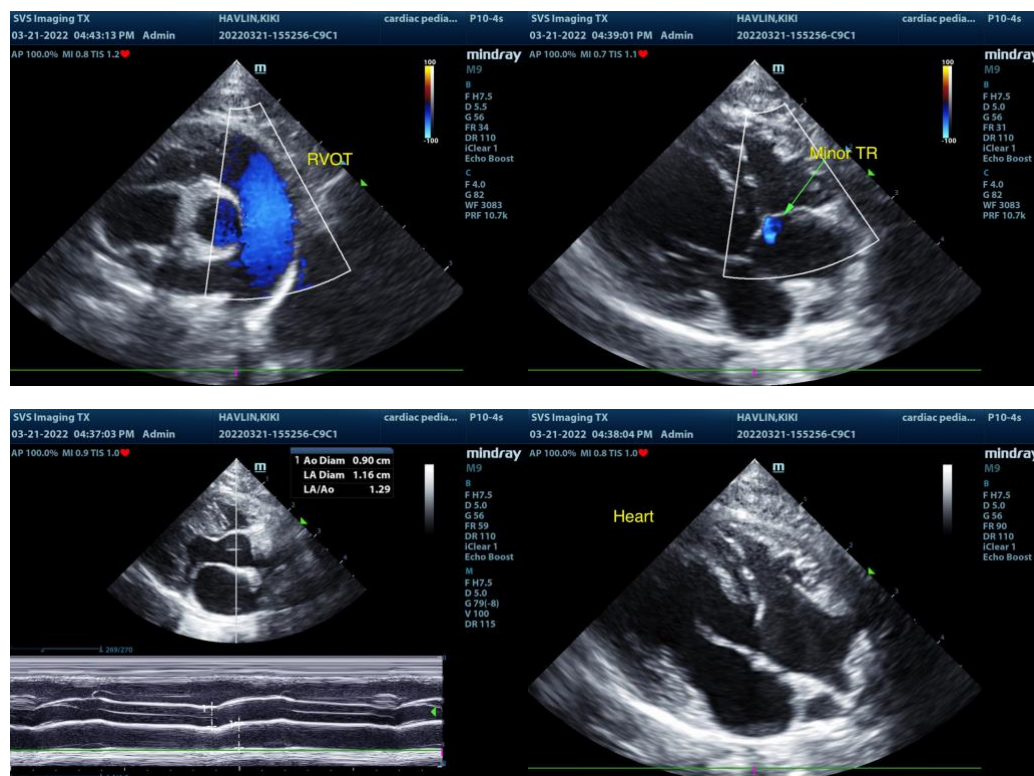
Dr. Miller, Creature Comfort

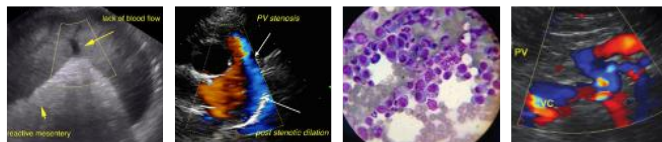
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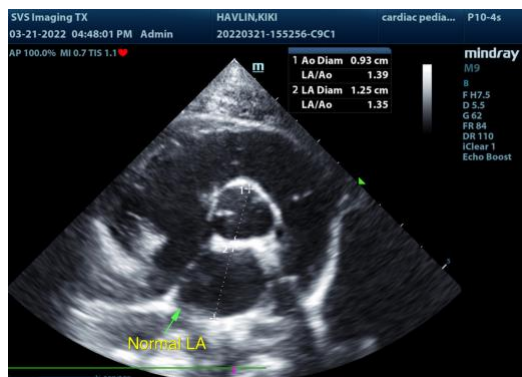
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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