



PATIENT

Luna Belle Zavis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12.5 years

WEIGHT

10.26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

16427

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Suspect syncope. Current meds: Methimazole 5mg, just increased to 2 tabs PO q 12
Abnormal PE/Chem/CBC/UA Results: T4 @ 8.2 on 3/13/23

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		266	0.55	1.42	0.53	53.5	86
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	1.2	1.2	1.2	1.2	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. Possible mild MR was noted on Doppler, although difficult to ascertain secondary to tachycardia. The **left ventricle** presented normal thicknesses with primarily maintained linear myocardial contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Mildly prominent papillary muscles were visualized. **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. Normal measured LVOT velocity was noted. 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). Normal measured RVOT velocity was noted. 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. Tachycardia was present.



PATIENT

Luna Belle Zavis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12.5 years

WEIGHT

10.26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

16427

DATE

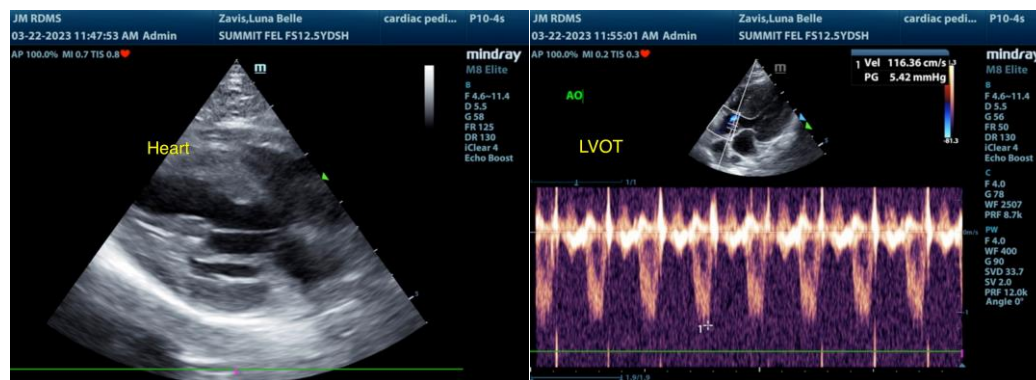
3/22/23

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure / function - no evidence of HCM criteria
- Normal left atrium
- Tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, overt arrhythmia aside from normal rhythm tachycardia, or evidence of clinical pulmonary hypertension. Potential for paroxysmal arrhythmia as a cause of possible syncope episode cannot be definitively excluded. Assessment of systemic BP, if not done or if possible is recommended. There is no indication for cardiac medications. ECG assessment may be indicated if additional episodes of syncope.





PATIENT

Luna Belle Zavis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12.5 years

WEIGHT

10.26

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

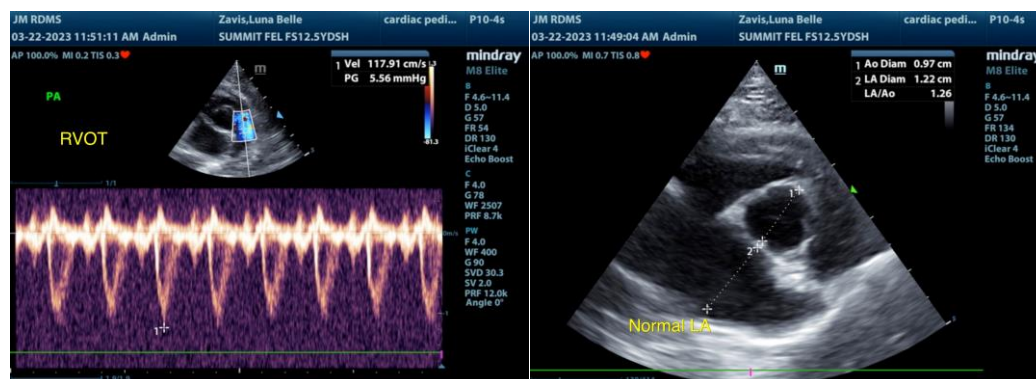
Dr. Vogler

INVOICE

16427

DATE

3/22/23



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