
**PATIENT PRESENTING CLINICAL SIGNS**

Molly Nadalin

vague history of cat being lethargic and not eating for several days. Initially cat seemed painful on cranial abdominal palpation, but was not repeatable on further examination. Is a strictly indoor cat. Current Medications cyproheptadine 1 mg SID to stimulate appetite

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Please see attached rads and labs

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

DLH

**SEX**

FS

**AGE**

13yr

**WEIGHT**

11.6lb

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		209	0.53	1.24	0.48	52.3	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	1.0	1.1	1.3	1.0	0.8		
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**

Kelly Reschny

**HOSPITAL NAME**

Ingersoll VS

**REFERRING VET**

Prystayko

**INVOICE**

13338ag

**DATE**

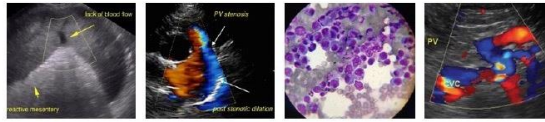
03/31/2023

**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. No overt MR on Doppler. 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 normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. 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. No overt TR on Doppler. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity was present. 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 overt masses or pathology in the visible window. No arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram.



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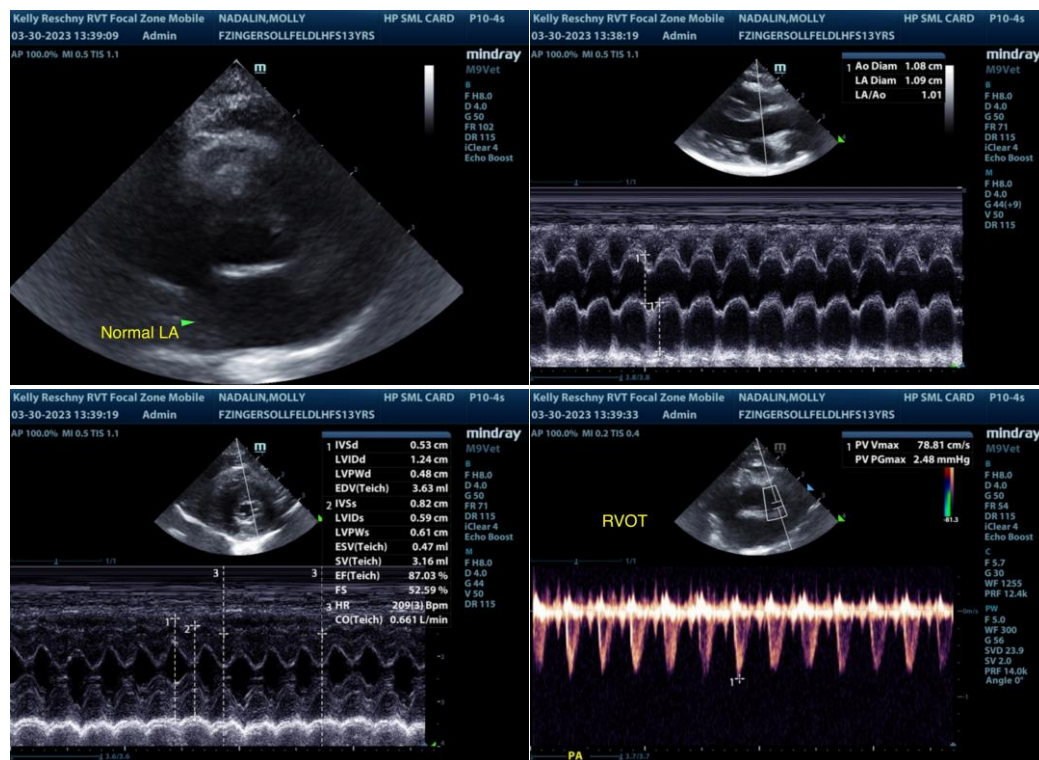
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or functional cardiomyopathy was present in this study.

No overt evidence of pericardial or pulmonary pathology including no evidence of pericardial or pleural effusion. If clinical concern for non-visualized pulmonary pathology which may at times be obscured by aerated lung, thoracic radiology review may be considered. Concurrent abdominal ultrasound may be indicated to assess for abdominal visceral pathology as a contributing factor. No indication for cardiac medications.



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