



PATIENT

Camila Rivera

SPECIES

Feline

BREED

Persian

SEX

Intact Female

AGE

6 months

WEIGHT

5.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Williamson

INVOICE

13587

DATE

3/31/22

PRESENTING CLINICAL SIGNS

Presented for kitten exam on 1/6/2022 and a 1-2/6 left side systolic heart murmur was noted. On 2/7/2022 heart murmur is still noted with no change. No BW or radiographs have been done.

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		159	0.31	1.38	0.31	50	85.3
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	1.3	1.1	1.1	1.3	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. 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. **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. 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



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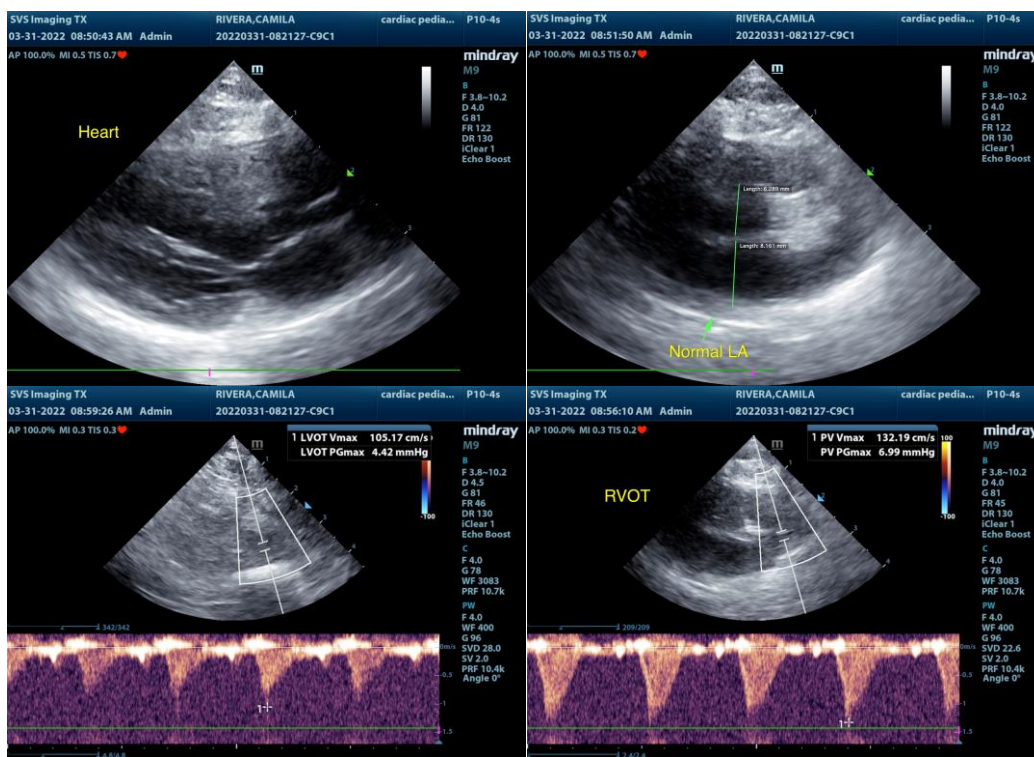
Dr. Williamson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt or significant structural or functional cardiomyopathy. Without evidence of overt left or right heart chamber enlargement, significant valvular insufficiencies, obvious stenotic disease, or evidence of a significant shunt, a definitive cause of the murmur was not definitively evident. A physiologic benign flow murmur could be present, although a small flow abnormality or shunt cannot be definitively excluded. At this time, the hemodynamic effects of the low-grade murmur appear to be minimal, given the lack of left or right heart chamber enlargement.

Conservative monitoring of the murmur at this stage would be reasonable without indication for cardiac medications. Serial oscillatory +/- echocardiographic monitoring is recommended, specifically if the murmur persists / progresses. No obvious anesthetic contraindications if anesthesia is required.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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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)
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