


**PATIENT PRESENTING CLINICAL SIGNS**

Vera Rockafellow History: Grade IV/VI murmur. No current meds.

**SPECIES**

Feline

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

Persian

**SEX**

Spayed female

**AGE**

4 years

**WEIGHT**

7.4 pounds

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		198	0.47	1.2	0.47	45.8	80.7
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	1.23	1.2	1.1	0.75	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)

**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.

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Warren Animal Hospital

**REFERRING VET**

Dr. Duffy

**INVOICE**

10262ag

**DATE**

04/01/2022

**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram.



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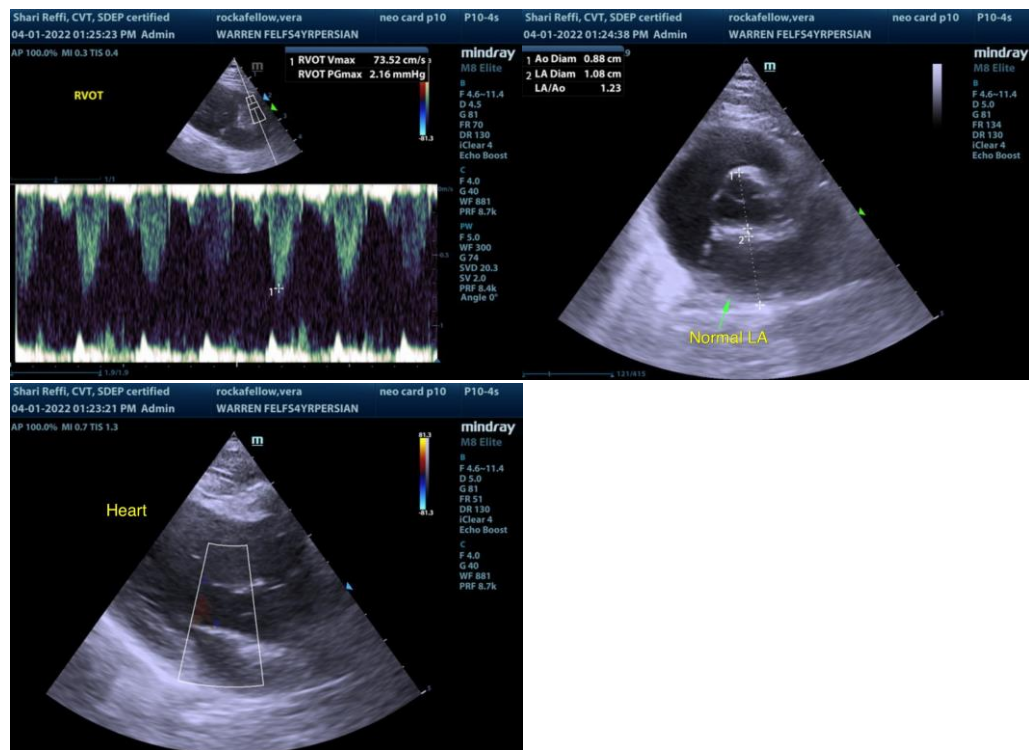
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function. A definitive cause of the murmur was not overtly evident in the study without evidence of left or right heart chamber enlargement, significant valvular insufficiencies, stenotic disease or an obvious shunt. Assuming no evidence of volume change such as dehydration or the presence of anemia, a physiologic flow murmur or small flow abnormality not visualized could be present. The hemodynamic effects of the murmur appear to be minimal given the lack of left or right chamber enlargement. No other clinical issues such as systolic dysfunction were present. No indication for cardiac medications. Conservative monitoring of the murmur at this time would be reasonable. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise or if murmur intensity progresses.





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