


PATIENT

Beba Slattery

PRESENTING CLINICAL SIGNS

3/6 heart murmur noted 3/8/23. Uncontrolled hyperthyroidism (7.8) Increased dose methimazole 3/10/23

SPECIES

Feline

Current meds: Methimazole Trandermal 3 clicks AM/ 2 PM (5mg AM / 2.5mg PM)

Abnormal PE/Chem/CBC/UA Results: 3/10/23: T4 7.8, Creat 0.6, Chem WNL

BREED

DMH

SEX

FS

AGE

13yr

WEIGHT

9lb

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		196	0.52	1.41	0.5	60	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	1.34	1.3	1.3	1.1	0.93		
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. Minor centralized MR present 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. 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 masses in the visible window. No arrhythmia present.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Urbonaite

INVOICE

13466ag

DATE

04/14/2023

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure and function-no evidence of HCM criteria.
- Mild MR.



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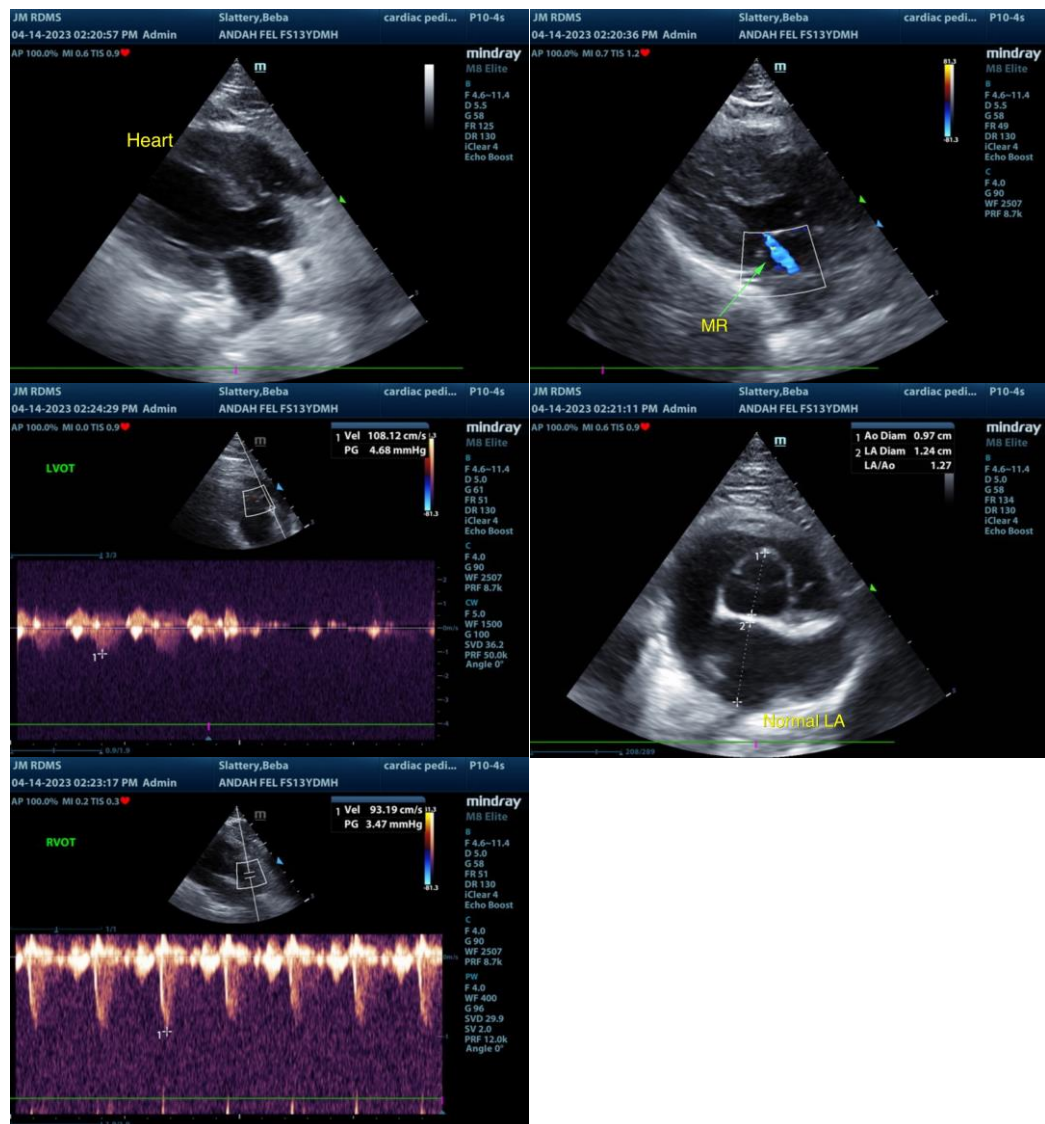
DATE

04/14/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as LV systolic dysfunction, HCM criteria or left/right heart chamber enlargement. The mild MR is not suspected to be audible which suggests likely benign physiologic/flow murmur. The hemodynamic effects of the murmur appear to be minimal. No indication for cardiac medication.

Conservative monitoring of the murmur is recommended with recheck echocardiogram suggested in 6 months, sooner if clinically indicated.



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



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can be of any further assistance, please contact me.

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