



PATIENT

Smokey Meals

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13y

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Amber

INVOICE

13365

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History: pre-op ekg for mammary tumor showed right axis deviation. x-rays of chest= enlarged cardiac silhouette with VHS 8.6 (6.8-8.1); increased sternal contact; there is an odd opacity at the cranial edge of heart that appears to be l.n.n. or other inflammatory process; concern for possible spread from mammary tumor. new murmur, 3/5 loudest sternal and right (musical) but 1-2/5 on left side

Abnormal PE/Chem/CBC/UA Results: BUN, Creat and SDMA are mildly elevated; Phos still within normal range. CBC WNL and T4 normal. triple neg x3.

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	--	NM	0.56	1.4	0.59	40	74
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.1	1.2		1.0	1.6	--
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 and structure. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some mild remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), 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 pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function with mild myocardial remodeling



PATIENT

- Nonspecific intermittent arrhythmia

Smokey Meals

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other structural cardiomyopathy. No obvious evidence of cardiac or pericardial pathology or tumors in the visible window. A definitive cause of the murmur was not identified. Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable. A small nonvisualized flow abnormality is not excluded. Regardless of classification, the hemodynamic effects of the murmur are low. Monitoring of the heart murmur is recommended without indication for cardiac medications. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or clinical signs arise. Cardiology consult, regarding intermittent arrhythmia and ECG may be considered. Cardiac anesthetic risk is considered mild. 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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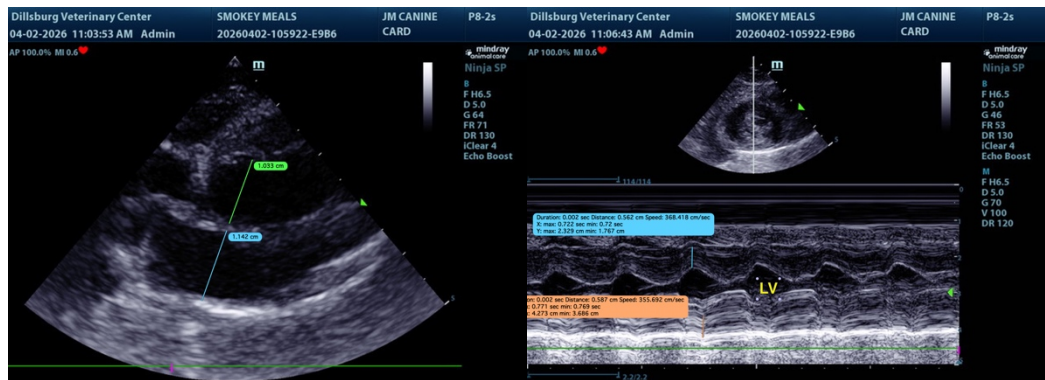
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Dillenburg VC

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.

REFERRING VET

Dr. Amber

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com

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