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Clinical Sonography & Telecytology
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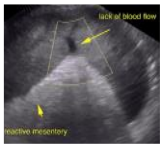

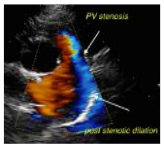

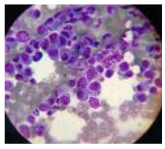
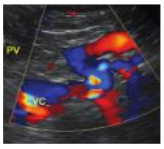

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1-800-838-4268 info@sonopath.com

PATIENT

Miley Passeretti

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Yaylor McConnell

INVOICE

16700

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Syncopal episodes vs. stroke-like events, worsening. Heart murmur grade 5/6. R/O heart vs. other. No current meds. Bloods pending.

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	0.42	1.45	0.45	50	83
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		1.33	1.3		1.2	0.94	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 enlarged **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR was noted on Doppler without overt evidence of systolic anterior motion of the mitral valve. The **left ventricular** septum and free wall revealed normal thicknesses, reduced contractility and mildly reduced left ventricular volume with subjective reduced diastolic filling. Some echogenic remodeling of the septum and free wall was present. This is most consistent with some level of **myocardial fibrosis**. The **left ventricular outflow** tract demonstrated subjective mild dynamic to turbulent systolic outflow with normal structural integrity. Normal measured LVOT velocity was noted. The **right atrium** and auricle revealed increased size and normal 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 noted. 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. A definitive or consistent arrhythmia was not obvious.

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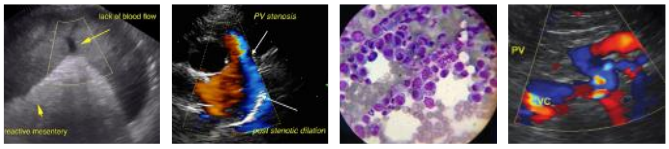

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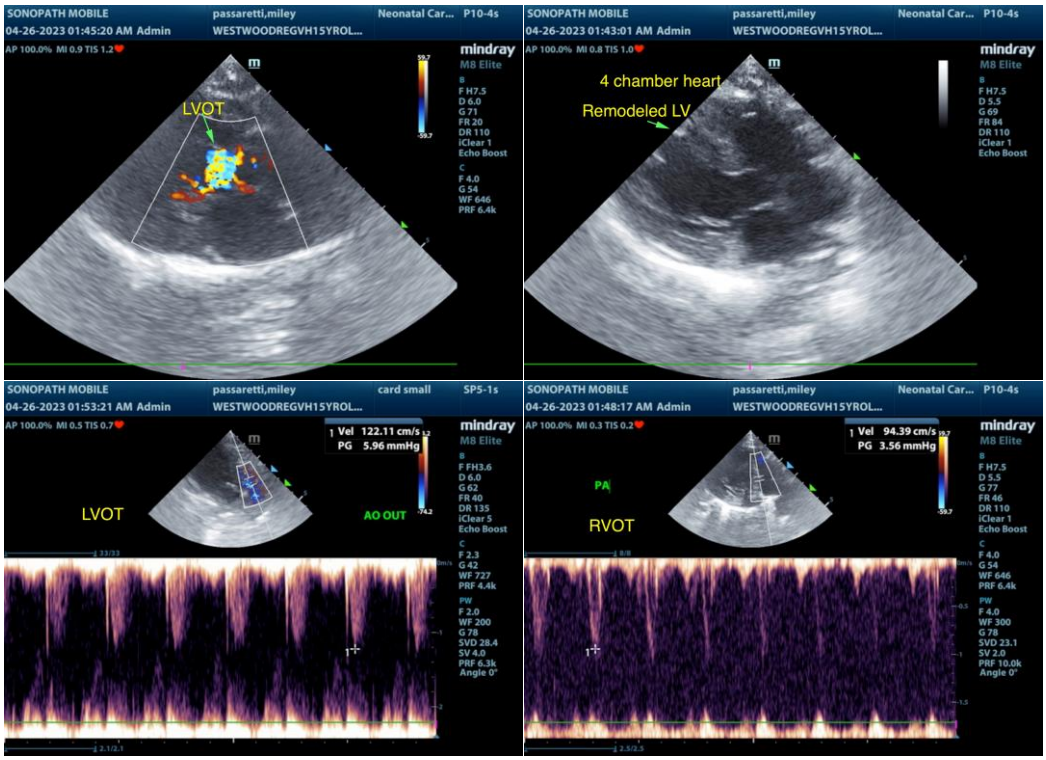
ULTRASONOGRAPHIC FINDINGS

- Normal left atrium
- Normal RA/RV
- Mild LV myocardial remodeling
- Subjective mild turbulent / dynamic LV outflow, normal measured LVOT velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there was no evidence of significant structural or functional cardiomyopathy with largely age-related myocardial changes. The only source of the murmur was subjective mild turbulent to dynamic LV outflow yet no evidence of overt or significant fixed or dynamic LV outflow obstruction based on measured LVOT velocity. There was no overt or definitive arrhythmia, although the possibility of paroxysmal arrhythmia contributing to the potential syncopal episodes cannot be definitively excluded.

Based on this exam, there is no indication for cardiac medications. ECT or Holter Monitor assessment is likely required for further assessment of potential arrhythmogenic events. Monitoring of heart murmur is recommended with recheck echocardiogram suggested in 6 months, sooner if progressive clinical signs, which may indicate heart disease, are noted.



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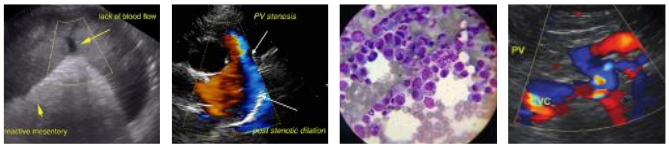

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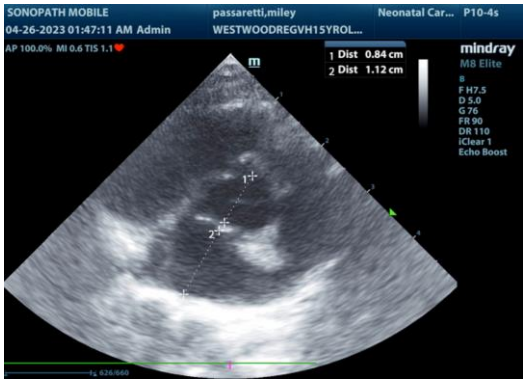

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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