



PATIENT

Smoke Cluck

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Crow

INVOICE

14925

DATE

4/28/22

PRESENTING CLINICAL SIGNS

New murmur 3/6; No symptoms. Not any any medications now

Abnormal PE/Chem/CBC/UA Results: Early renal changes; T4 WNL 6 months ago (did not test now).
Sending out ProBNP; HR >200 bpm

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	0.59	1.22	0.56	44.3	79
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	--	1.2	1.2	NM	NM	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 overtly normal free wall and septal thicknesses with mild ailinear contour. The **myocardium** presented some minor echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range as evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated subjective normal laminar flow and unremarkable structure. 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 overtly normal valve structure, laminar to mildly turbulent to dynamic flow, and normal diameter. No overt dilation owing to cor pulmonale or pulmonic hypertension was noted. No evidence of **pericardial** or free pleura fluid was noted. No overt evidence of cardiac or pericardial tumors.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild LV myocardial remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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No evidence of significant structural or functional cardiomyopathy. An obvious cause of the murmur was not definitively evident in this study, yet the hemodynamic effects of the murmur are likely mild given the lack of left or right chamber enlargement. If no evidence of volume changes such as dehydration or evidence of anemia, an essential physiologic/benign flow murmur is suspected, although a small flow abnormality, not visualized here, cannot be definitively excluded.

No indication for cardiac medications. No overt anesthetic contraindications, assuming normal systemic BP. Reassessment of T4 levels could be considered prior to anesthesia. Conservative monitoring of the murmur recommended with recheck echocardiogram suggested in 6 months or sooner if murmur intensity progresses.

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.

<https://www.antechdiagnostics.com/cadet-braf>



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.

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