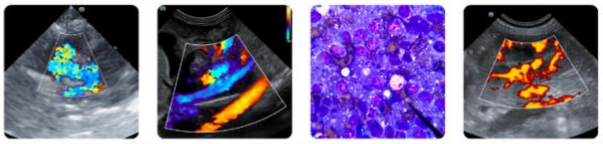

PATIENT

Trapp Smylie

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2

WEIGHT

13.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hopsital

REFERRING VET

Dr. Lara

INVOICE

15591

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Sneezing and recent onset of wheezing and mild coughing for approximately 4-5 days

Abnormal PE/Chem/CBC/UA Results: • Chest radiographs performed; vertebral heart score borderline high, mild bronchointerstitial pattern noted; recommend echocardiogram for further evaluation of cardiac silhouette. ProBnp-Neg

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	13.6	NM	0.57	1.9	0.56	44	78
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	--	1.4	1.6		NM	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							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate LA measurements. Mild bulbous LA appearance with no evidence of smoke or thrombus in the LA. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR on doppler. The **left ventricle** presented borderline increased internal dimension. 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. Subjective bradycardia was visualized.

ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function.

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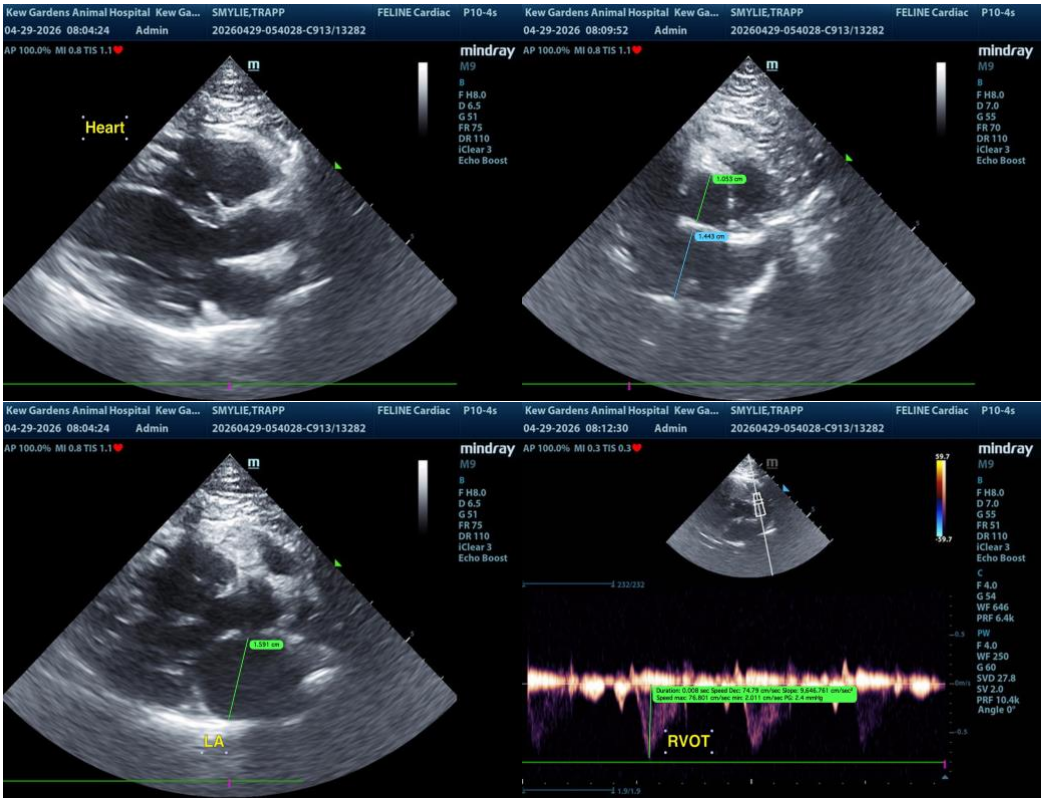
- Subjective mild bulbous LA appearance yet normal LA size.
- Borderline increased LV internal dimension with adequate LV systolic function.
- Subjective bradycardia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as clinically significant cardiac chamber enlargement, LV systolic dysfunction or definitive arrhythmia although subjective bradycardia is present. Correlation with ECG is recommended. The lack of LA enlargement indicates that the current and future risk of complication is low. No indication for cardiac medications. The respiratory signs in this patient are non-cardiogenic in origin. The possibility of emerging unspecified cardiomyopathy is not definitively excluded. Recheck echo is suggested in six months, sooner if clinically indicated. Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested. 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.



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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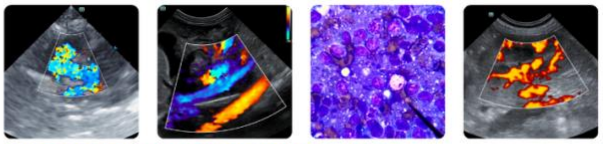

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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