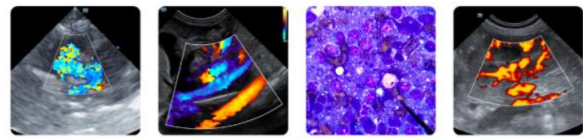
New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Rue Bustamante

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Months

WEIGHT

9.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Northvale Vet

REFERRING VET

Dr. Simon

INVOICE

14953

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Intermittent panting for the last 24hrs otherwise great.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	9.1	NM	0.42	1.5	0.46	45	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	1.3		1.0	1.0	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. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No definitive MR 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. **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 structural integrity. Normal measured LVOT velocity. The **right atrium** and auricle revealed potential mild increased dimension with normal structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** exhibited potential mild increased dimension compared to the LV with overtly normal chordate structure, myocardial echogenicity and free wall thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. 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 obvious arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Normal LA/LV with normal LV contractility.
- Normal measured LV/RV outflow velocities.
- Possible mild right atrium/ventricle enlargement.

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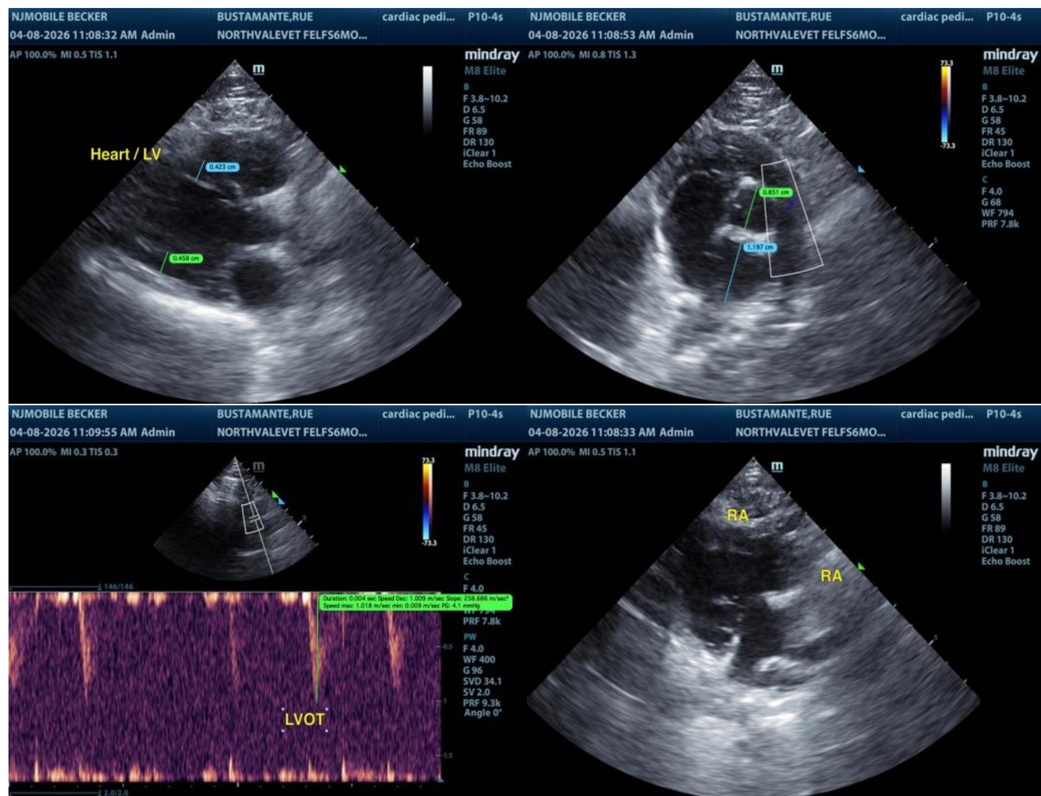
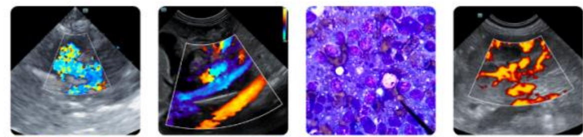
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant structural or functional cardiomyopathy or definitive congenital defect. The possible mild increased right atrium/ventricle enlargement is nonspecific without evidence of right heart volume overload or definitive pulmonary hypertension. Given no reported heart murmur, a small non-visualized shunt may be thought less likely yet is not definitively excluded.

Correlation with three view chest radiographs to assess for or rule out evidence of pulmonary changes as a contributing factor to the clinical signs. No obvious indication for current cardiac medication. Monitoring of clinical signs especially during exercise would be reasonable. If persistent or progressive, referral to local cardiologist for further assessments is recommended.





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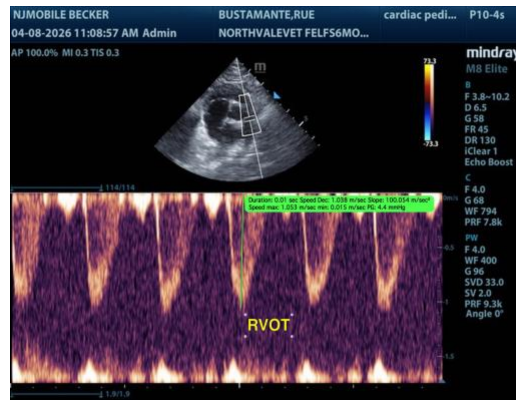

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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