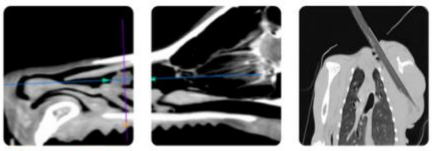

PATIENT

Luna Tio

SPECIES

Feline

BREED

DMH

SEX

Intact Female

AGE

2 Years

WEIGHT

6.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Centerville AH

REFERRING VET

Dr. Sandhu

INVOICE

14974

DATE

04/09/26

PRESENTING CLINICAL SIGNS

Pt went to SPCA for spay. Spay was cancelled due to grade 4 HM. Pt had a litter of kittens in October. Presented October 24th with mastitis. Responded well to treatment. O says she has been experiencing frequent heat cycles. HM was not detected in previous visits. Normal bronchovesicular sounds bilaterally. O notes pt has always had lower activity level

Abnormal PE/Chem/CBC/UA Results: labs attached

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	6.9	125	0.36	1.55	0.36	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	--	1.2	1.2		1.1	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 normal **left atrial** dimension based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No evidence of significant 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 mild dynamic outflow pattern with overtly normal subjective structural integrity. Indistinct yet subjectively normal measured LVOT velocity. 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). 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 evidence of arrhythmia.

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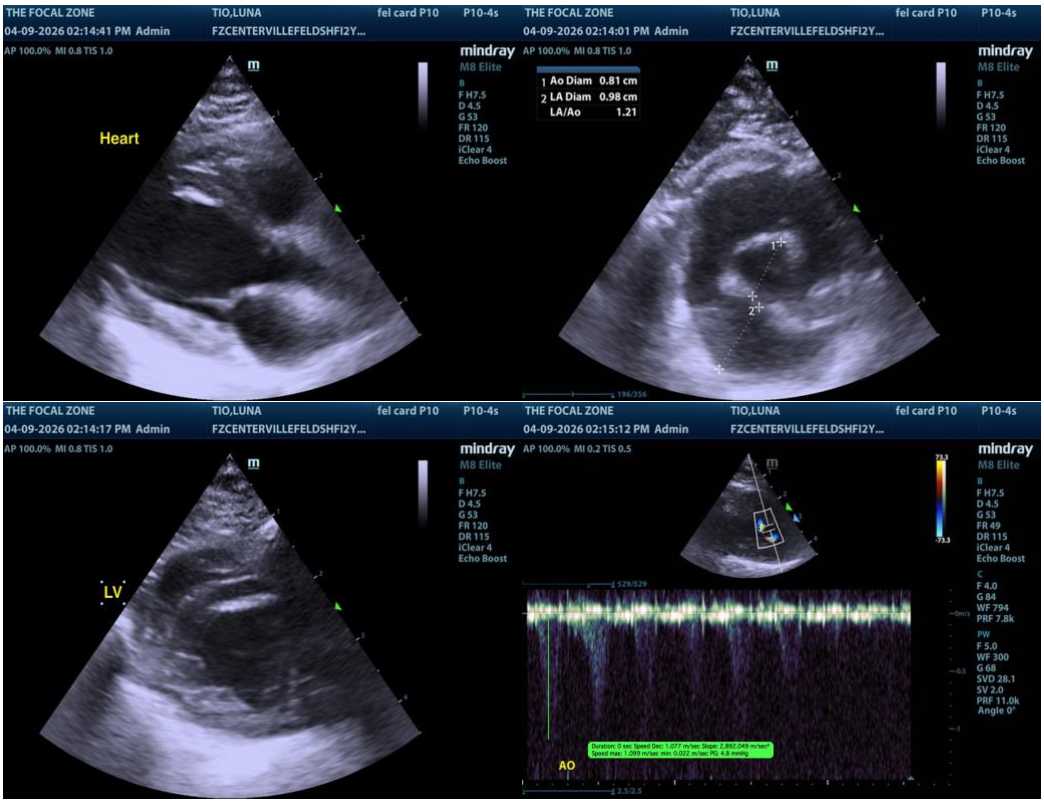
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.
- Mild dynamic LV outflow pattern with indistinct yet normal measured LV outflow velocity.
- Normal measured RVOT velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction or arrhythmia. The only potential source of the murmur is the mild dynamic LV outflow pattern which without definitive evidence of structural pathology, i.e. systolic anterior motion of the mitral valve or obvious stenotic disease, essentially classifies as a flow murmur. An additional non-visualized small flow abnormality cannot be definitively excluded.

Regardless, the hemodynamic effects of the murmur at this stage are low given no evidence of left or right heart chamber enlargement. No indication for cardiac medications. Conservative monitoring of the murmur is recommended with recheck echo suggested in six months, sooner if increase in murmur intensity or if clinical signs arise. Cardiac anesthetic risk is considered mild. If elected, the following protocol is recommended. 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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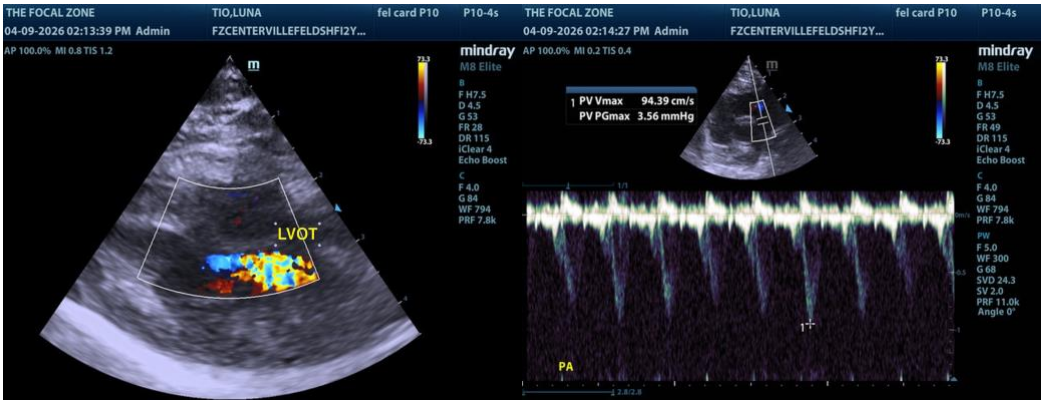

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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