



PATIENT

Petey Seidenstricker

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Crow

INVOICE

13827

DATE

5/10/22

PRESENTING CLINICAL SIGNS

Murmur 3/5-no symptoms

Abnormal PE/Chem/CBC/UA Results: BW WNL

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	0.64	1.1	0.64	59	93.3
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		1.3	1.36	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. Anechoic content was present in the left atrium without evidence of smoke. The cranial and caudal **mitral** valve leaflets presented overtly normal linear structure and kinetics. The **left ventricle** presented subjective mild excessive free wall and septal thicknesses with subjective hypertrophic tendency compared to normal for the species. 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 subjective laminar systolic flow. Potential for mild dynamic to turbulent LVOT flow possible. Subjective assessment of the **right atrium** and auricle revealed overtly 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 overt masses in the visible window.



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ULTRASONOGRAPHIC FINDINGS

- Possible HCM
- Normal LA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the IVS and LV free wall appeared to be mildly thickened, which may suggest hypertrophic cardiomyopathy. HCM is a potential rule-out diagnosis, assuming the patient is euthyroid and normotensive. If not done, an assessment of T4 levels and systemic BP is suggested to rule out complicating factors.

The overall heart appears to be compensated in light of the normal left atrium size. No other additional issues such as LV systolic dysfunction or overt evidence of significant valvular insufficiencies were noted. Assuming no evidence of volume changes such as dehydration or anemia, a physiologic flow murmur is suspected. Echocardiographic monitoring and reassessment of the heart is required for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise. No overt indication for cardiac medications at this stage.

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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