


PATIENT PRESENTING CLINICAL SIGNS

Pumpkin Chan History: Gallop rhythm and tachycardia noted on routine visit. No murmur auscultated but ProBNP 555 (0-100); patient is obese.

SPECIES Abnormal PE/Chem/CBC/UA Results: NSFs on CBC/Chem/T4, ProBNP 555.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

23.1 pounds

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		151	0.54	1.76	0.54	32.8	64.8
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		1.74	2.0	1.0	0.82	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

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park
 Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

10501ag

DATE

05/02/2022

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. The left ventricle presented normal IVS and free wall 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 yet subjectively decreased as 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.

ULTRASONOGRAPHIC FINDINGS

- Mild left atrium enlargement
- Mildly decreased LV systolic function



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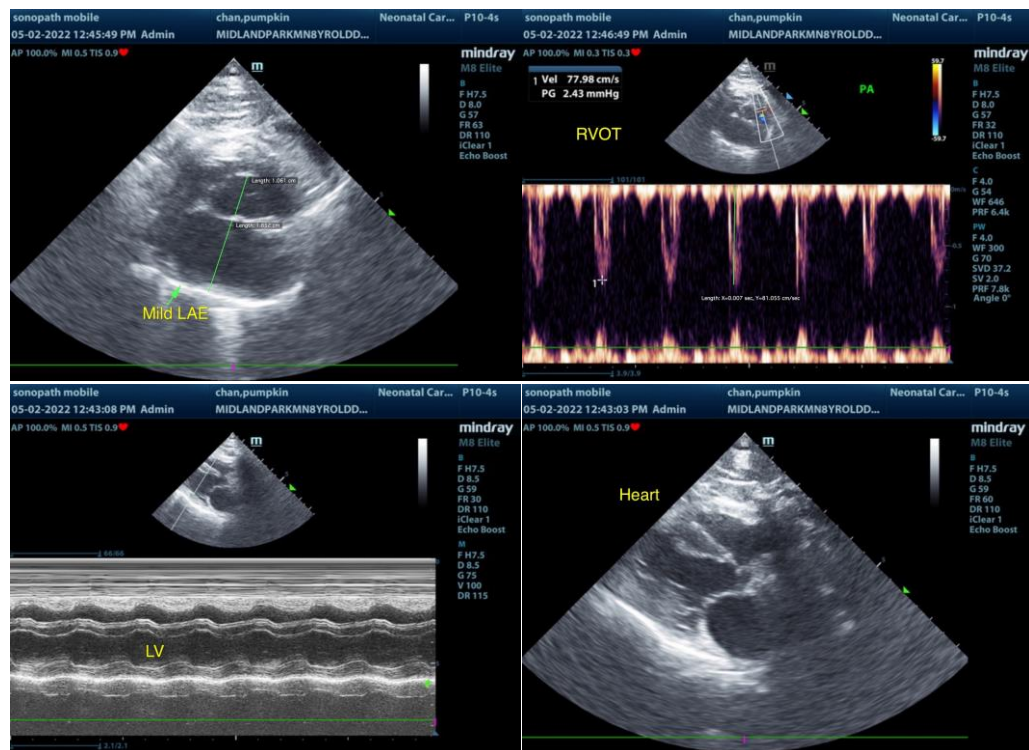
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant structural cardiomyopathy. The mild LA enlargement along with mild decreased LV systolic dysfunction given normal fractional shortening in a cat as well as clinical environment i.e. stress are nonspecific yet may potentially suggest emerging cardiomyopathy such as unclassified cardiomyopathy in light of normal IVS and free wall thickness. The heart appears to be compensated at this time with no overt indication for cardiac medications used to treat structural cardiomyopathy. However, serial sonographic monitoring is required for further prognosis. ECG assessment to classify the gallop and tachycardia is suggested. Close monitoring for development of clinical signs which may suggest cardiac disease is recommended. Recheck echocardiogram recommended in 3-4 months, sooner if clinical signs arise.



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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