


PATIENT

Jasper Fincher

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 year

WEIGHT

9.60

INTERPRETED BY

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

IMAGING PERFORMED BY

 Dr. Mavis
 McComick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

 Dr. Mavis
 McCormick-Rantze

INVOICE

16722

DATE

5/2/23

PRESENTING CLINICAL SIGNS

P has a heart murmur and an elevated BNP so O elected to do an echo

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			0.61	1.0	0.61	45	80
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		1.33	1.3	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 left ventricular wall exhibited subjective mild increased dimension. Generalized mild subjective hyperechoic endocardium, which although nonspecific may suggest some degree of LV fibrosis, was noted. Mildly prominent to remodeled papillary muscles were present. Mild irregular left ventricle luminal surface was noted with mild myocardial remodeling. The left atrium was normal in size and dimension. No obvious spontaneous contrast was noted. The right atrium was normal in size. The right ventricle appears normal. The mitral valve was normal in structure and overtly mobility. No overt MR was noted on Doppler. No overt TR was noted on Doppler. Blood flow through the LVOT on Doppler appears to be mildly dynamic to turbulent. No evidence of pericardial or pleural effusion was noted. No obvious cardiac tumors were present. Overtly normal subjective heart rate was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent to remodeled LV
- Normal LA
- Subjective mild dynamic / turbulent LV outflow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of the murmur identified in this study is the subjective mild dynamic to turbulent LV outflow on Doppler. This may be classified as essentially a flow murmur. Potential to emerging low-



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grade HCM or possible HOCM may be considered differential diagnoses once the patient is deemed euthyroid and normotensive. Assessment of T4 levels and systemic BP is recommended.

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Regardless of categorical classification, the heart appears to be overall compensated without evidence of left atrium or right chamber enlargement. No overt indication for cardiac medications at this stage. Serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated, murmur intensity increases, or if clinical signs arise.

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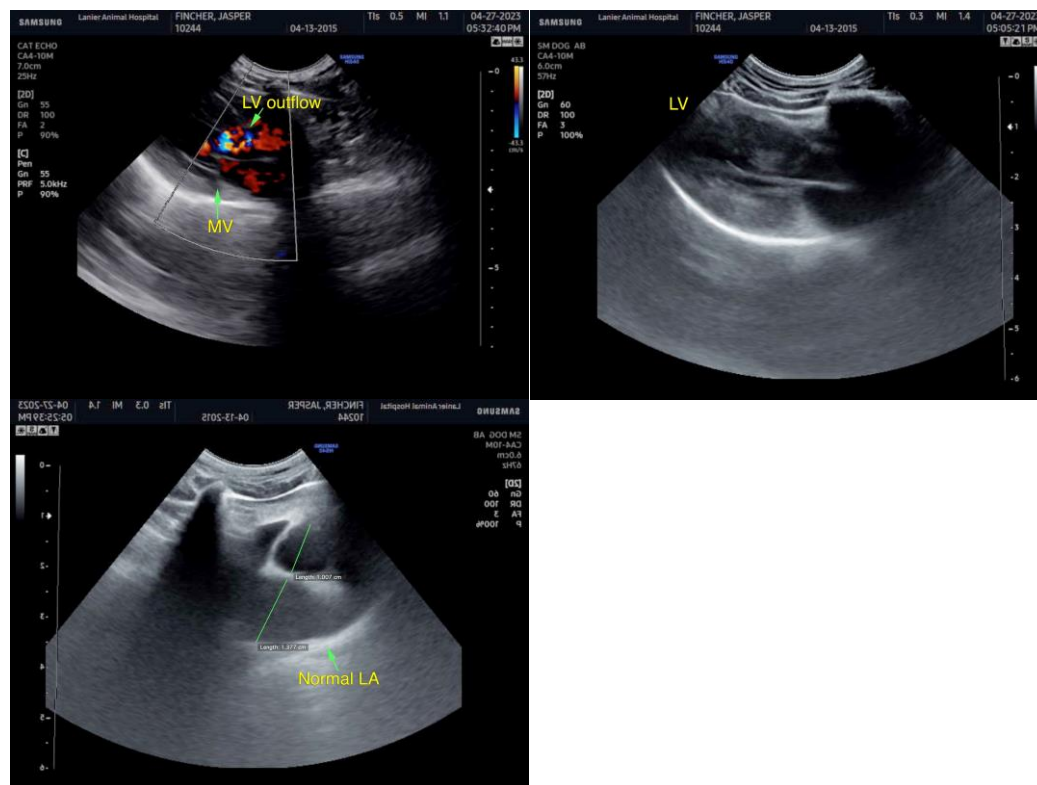
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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