



PATIENT

Lily Chin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

10.1lb

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

Weight loss of 3lbs in a year, but P was placed on a completely new diet (which was intended for some weight loss, but O feels it is excessive). Acting normal at home. Had heart murmur at previous veterinary exams elsewhere, O concerned.

Abnormal PE/Chem/CBC/UA Results: Previous labs nsf. Cardiopet proBNP 110 (0-100) and tT4 3.5 (2.3-4.5) Extremely short-fused cat with FAS grading of 4-5/5. Presenting on gabapentin and administered butorphanol 0.3mg/kg IV for scan. Did okay for the scan until position 4. BP in clinic >300mmHg, but we were unable to confirm with a different cuff due to patient non-compliance. The BP was performed after the echo and the P may have had enough. We are planning on retrying blood pressure measurement another day while P presents on gabapentin again.

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	0.37	1.8	0.39	40	75
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		1.2	1.2		0.6		

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Cambridge Veterinary Care

REFERRING VET

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Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt MR present on Doppler. The left ventricle presented a normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. No overt TR was present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to cor pulmonale, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window. No arrhythmia noted.



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild LV myocardial remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of clinical issues such as HCM criteria, LV systolic dysfunction or significant valvular insufficiencies.

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DSH

If no volume changes such as dehydration or anemia are present, a benign physiologic flow murmur is probable although a small non-visualized flow abnormality cannot be excluded. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are minimal. No indication for cardiac medications. Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.

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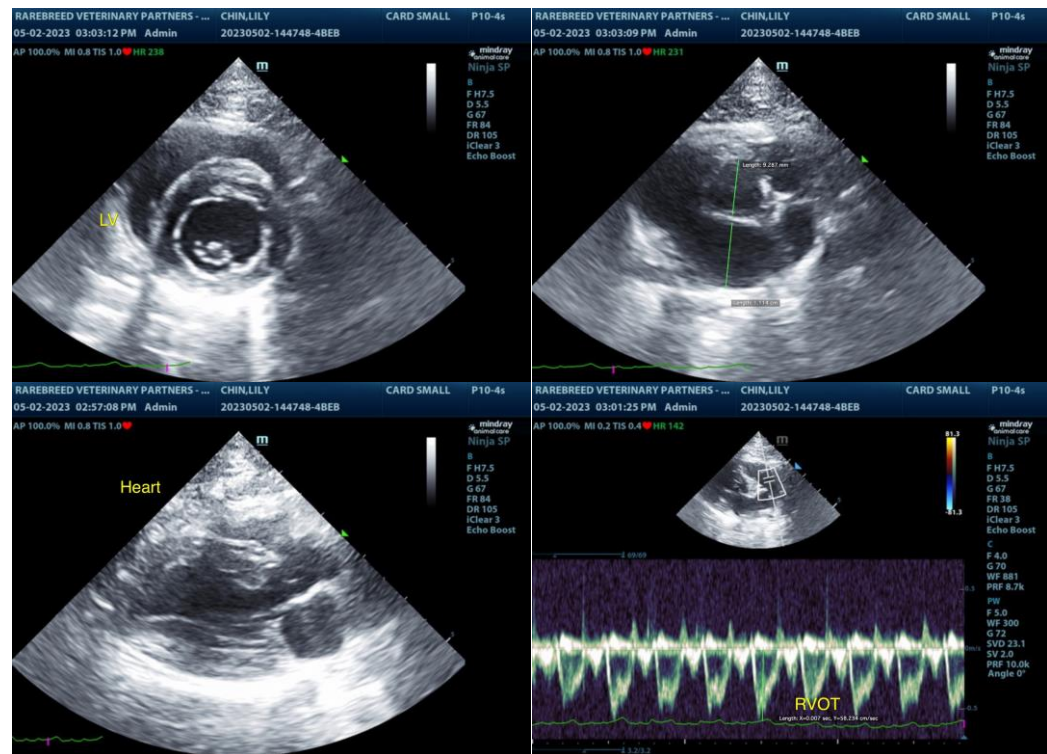
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com



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