



PATIENT

Paco Farley

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Cambridge VC

REFERRING VET

Dr. Sorbo

INVOICE

17076

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Dental case with variable heart murmur.

Abnormal PE/Chem/CBC/UA Results: Elevated ft4. Grade 0-II/VI heart murmur (heard at another clinic, not here). ft4 90 proBNP 62 Oscillometric BP 190mmHg. R/O cardiomyopathy/other

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	0.45	1.5	0.45	55	85
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		1.1	1.2	1.2	1.5	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 exhibits overall normal dimension. Mild diffuse hyperechoic LV endocardium, which may suggest some level of fibrosis, is noted with concurrent myocardial remodeling most notable in the IVS with subjective mild basilar IVS hypertrophy at the level of the LV outflow tract. LV outflow on Doppler is mildly turbulent to dynamic with normal measured LVOT velocity. The left atrium is normal in size with no evidence of LA spontaneous contrast. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is overtly normal in structure and mobility. No overt MR is noted on Doppler. Potential mild TR is noted on Doppler. Normal measured RVOT velocity is noted. No evidence of pericardial effusion or cardiac tumors is noted. No overt pleural effusion is present. Subjective normal heart rate is noted.

ULTRASONOGRAPHIC FINDINGS

- Normal left atrium
- Overall normal LV dimension with mild IVS myocardial remodeling, subjective mild basilar IVS hypertrophy
- Normal RA/RV
- Possible mild TR



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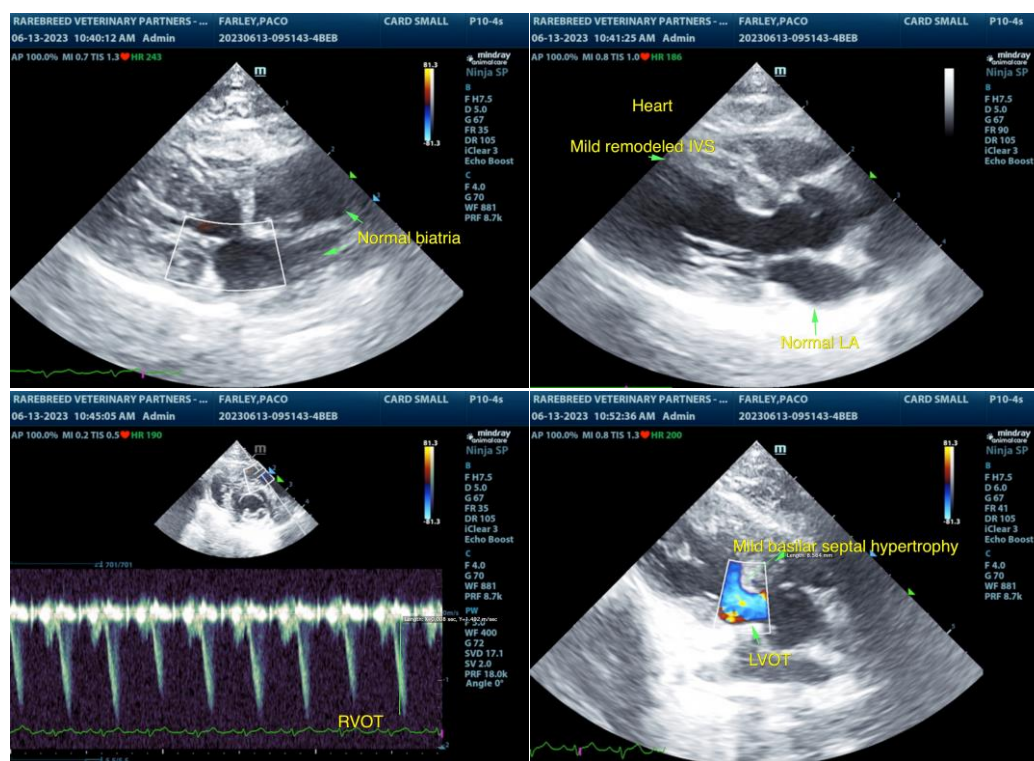
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of HCM criteria or clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, or evidence of clinical pulmonary hypertension is noted. The mild LV myocardial remodeling most notable in the IVS with subjective mild basilar IVS hypertrophy is nonspecific. The only source of the murmur was mild dynamic to turbulent LV outflow, which is essentially a flow murmur. The lack of left atrium enlargement or generalized left or right heart chamber enlargement indicates that the hemodynamic effects of the murmur are likely low.

There is no overt indication for cardiac medications. Conservative monitoring of the low-grade murmur would be reasonable. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs consistent with heart disease arise, or if murmur intensity increases. '

No overt anesthetic contraindications. The following anesthetic 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.



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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info@sonopath.com

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