



PATIENT PRESENTING CLINICAL SIGNS

Atticus Kelemen

History: Pre-anesthetic CUS for desperately needed dental. Heart murmur. Current meds: Clavamox, Gabapentin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.6 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	--	168	0.65	1.24	0.67	51.1	86.1
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	1.23	1.2	1.1	1.2	0.9	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 and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared potentially mildly thickened with possible minor insufficiency noted on Doppler. Overt evidence of systolic anterior motion (SAM) was not definitively evident yet cannot be excluded. The **left ventricle** presented excessive free wall and septal thicknesses with endocardium echogenicity compared to normal for this species. Concurrent mildly prominent to echogenic papillary muscles were present. **Contractility** of the ventricular walls was adequate to mildly excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated subjective turbulent systolic laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Colyer

INVOICE

16148

DATE

6/17/22

ULTRASONOGRAPHIC FINDINGS

- Mild compensated hypertrophic cardiomyopathy
- Normal left atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Atticus Kelemen

The cardiac presentation was consistent with HCM, which is a rule out diagnosis, assuming no evidence of hyperthyroidism or systemic hypertension. Assessment of T4 levels and BP are recommended to rule out complicating factors. The cause of the murmur is suspected to be secondary to turbulent LV out flow with potential for minor MR. The lack of left atrium enlargement indicates that the risk of current and future complication at this stage is relatively low.

SPECIES

Feline

No overt indication for cardiac medications, yet serial sonographic monitoring is required for further prognosis. No overt anesthetic contraindications given the lack of left atrial enlargement and lack of additional clinical issues such as LV systolic dysfunction or overt clinical pulmonary hypertension.

BREED

DSH

Recheck echocardiogram suggested in 6 months or sooner if clinical signs consistent with heart disease arise.

SEX

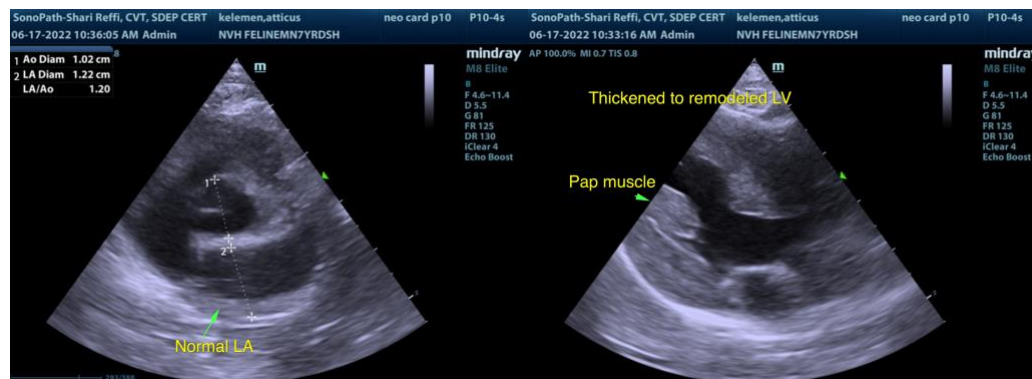
Neutered Male

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.

<https://www.antechdiagnostics.com/cadet-braf>

AGE

7 Years



WEIGHT

11.6 Pounds

INTERPRETED BY

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



IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Colyer

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

INVOICE

16148

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.

DATE

6/17/22

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com