



PATIENT

Waffles Kirby

PRESENTING CLINICAL SIGNS

Grade 5 murmur from right and left side. Cat wheezing alot and struggling with breathing. Was uncooperative during study even with sedation.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

MN

AGE

3yr

WEIGHT

4.3kg

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	1.88	0.37	49	83
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)	TR (m/s)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3		
PATIENT	1.4	1.4	1.3	1.3	2.0	2.0	
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 LV wall exhibited normal dimension with mild irregular myocardial symmetry and subjective mild non-uniform increased endocardium echogenicity. Subtly prominent papillary muscles were present. LV systolic function is adequate. The LV is overall in volume. Normal RV size and volume. The LA is normal in size with no evidence of spontaneous contrast. The RA is normal in size.

Subjective focally thickened aortic valve with normal measured LVOT velocity was present. Overtly normal pulmonic valve and pulmonary artery with mild dynamic to turbulent systolic outflow was present. Borderline increased measured RVOT velocity was present. The mitral valve appears overtly normal in appearance and kinesis. No overt MR on Doppler. The tricuspid valve was overtly normal in appearance with mild TR on Doppler. No evidence of pericardial or pleural effusion. No visualized cardiac tumors. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Normal LA/RA.
- Mild non-specific LV myocardial remodeling with adequate LV function.
- Normal RV.
- Borderline increased measured RVOT velocity with turbulent RVOT outflow.
- Focal non-specific thickened aortic valve-no overt aortic stenosis.
- Mild TR-no overt evidence of clinical pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant structural or functional cardiomyopathy. No overt evidence of HCM/HOCM criteria. The only overt cause of the murmur is the borderline increased measured RVOT velocity and subjective turbulent RVOT outflow which is essentially a physiologic flow murmur. The hemodynamic effects of the murmur appear to be minimal at this stage. No

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Falconridge Animal
Hospital

REFERRING VET

Dr. Rix

INVOICE

14237ag

DATE

06/26/2023



PATIENT

Waffles Kirby

indication for cardiac medication. Given cardiac presentation, consideration for non-cardiogenic respiratory abnormality or primary lower airway disease is suspected. As needed respiratory support recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Heartworm test could be considered if endemic to the area or potential exposure.

SPECIES

Feline

Given the young age of the patient and reported murmur intensity a non-visualized flow abnormality cannot definitively excluded. Referral to cardiologist for further assessment and clarification would be ideal. If referral is not elected, recheck echocardiogram recommended in 6 months, sooner if progressive clinical signs arise.

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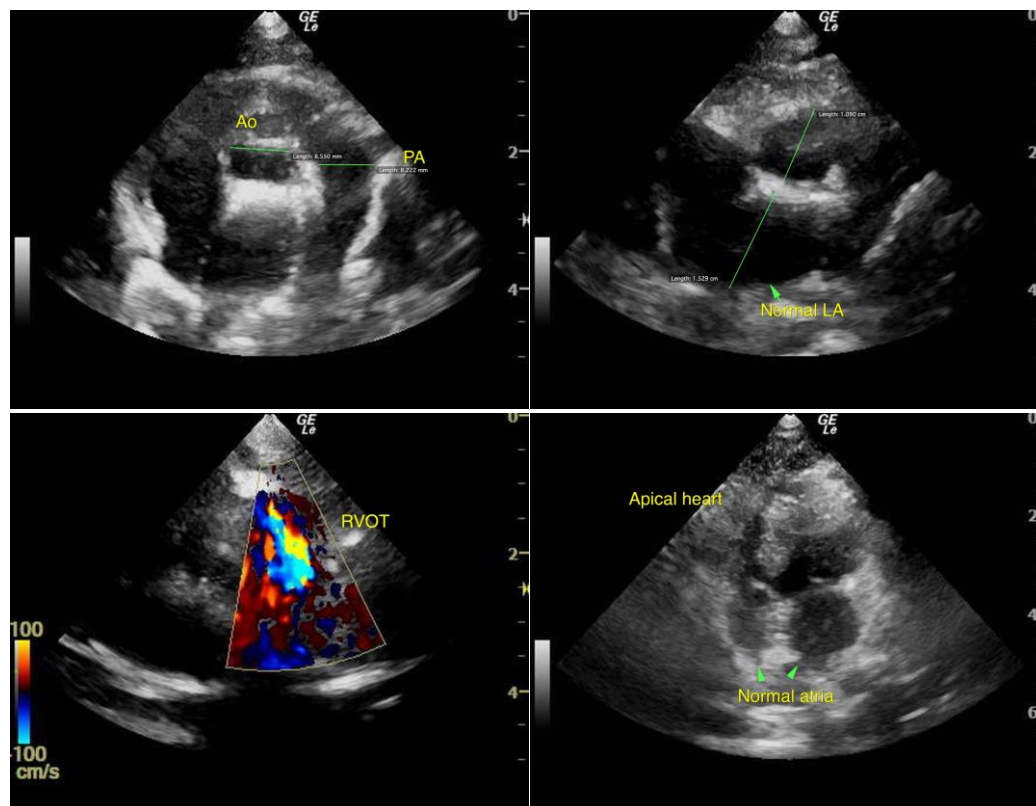
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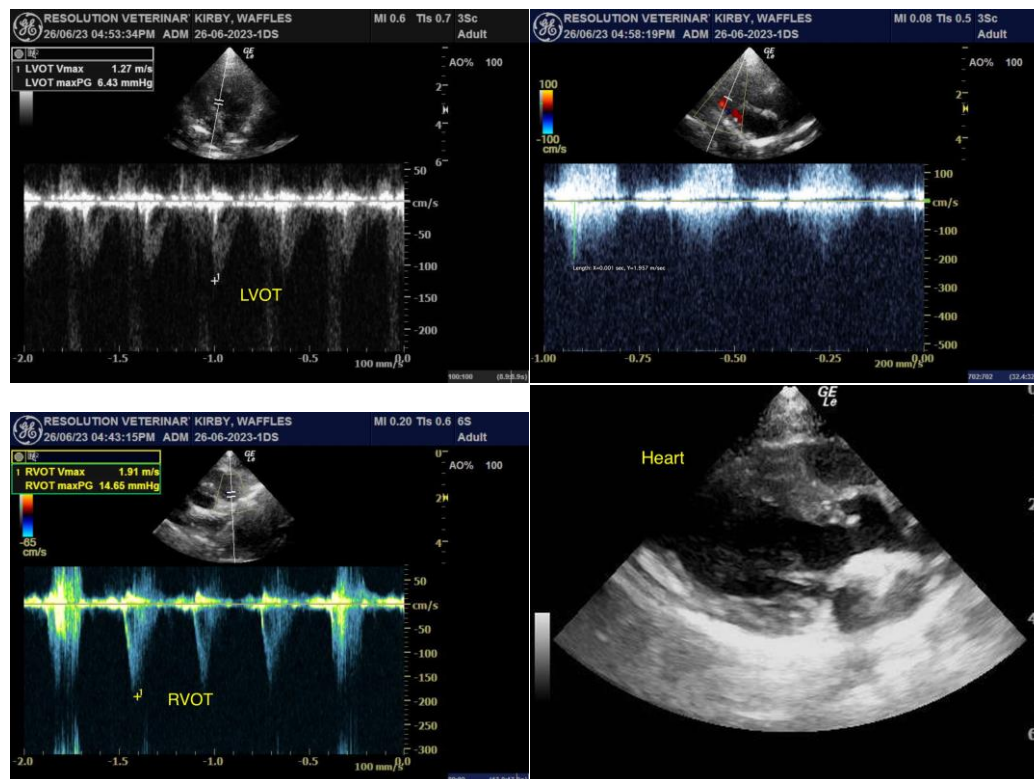
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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