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Clinical Sonography & Telecytology
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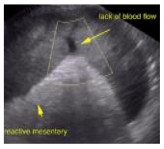
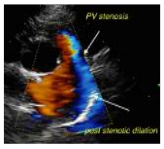
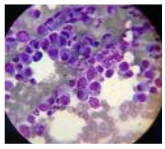
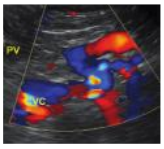

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Starr Sonzogni

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 yo

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

17196

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Echo is pre-operative for dental for suspected tooth root abscess. Low grade sternal murmur auscultated. Pre-op ECG showed sinus rhythm with occasional VPCs. Thyroid level is going to be checked today as Starr has lost a little bit of weight and it was high end of normal last time it was checked. Abnormal PE/Chem/CBC/UA Results: no reported abnormalities

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	0.51	1.78	0.51	44.3	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		1.4	1.3		1.2	0.95	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 based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR was noted on Doppler. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT was noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was noted. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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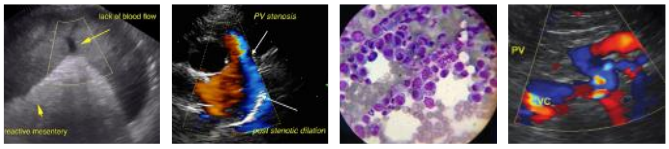

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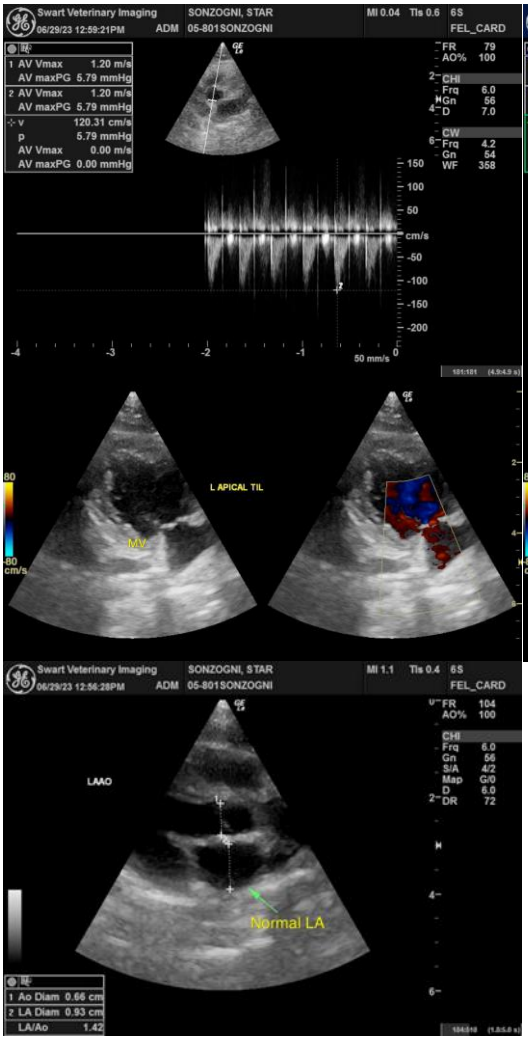
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no sonographic evidence of structural or functional cardiomyopathy. A definitive cause of the low-grade murmur was not obvious without evidence of left or right heart chamber enlargement, LV systolic dysfunction, significant valvular insufficiency, stenotic disease, or clinical pulmonary hypertension. A benign physiologic / flow murmur is probable. Regardless, the hemodynamic effects of the murmur appear to be minimal, given no evidence of structural cardiomyopathy. There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is recommended. Recheck echocardiogram is suggested if clinical signs consistent with heart disease arise or if murmur intensity increases. There are no anesthetic contraindications.

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.



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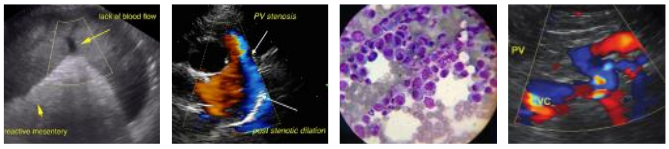

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com