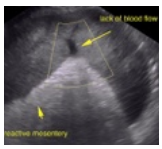
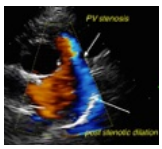
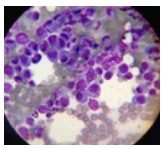
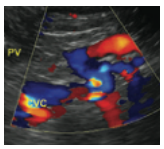
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Ginger Santos

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
6y

WEIGHT
11.8#

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

IMAGING PERFORMED BY
Val Shumskaya

HOSPITAL NAME
Midland Park Vet

REFERRING VET
Dr. Shokoff

INVOICE
10355

DATE
7/19/23

PRESENTING CLINICAL SIGNS

G 2/6 systolic murmur auscultated over sternum during a routine visit. Pro BNP elevated at 148pMol/L.

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	0.46	1.5	0.44	52	86

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		1.35	1.3	1.1	1.0	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 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 velocity. 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. No overt TR on doppler. 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

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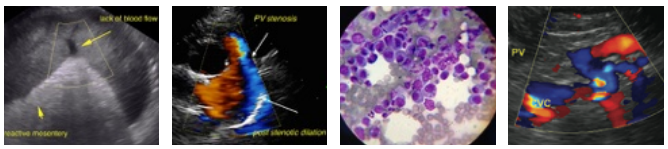

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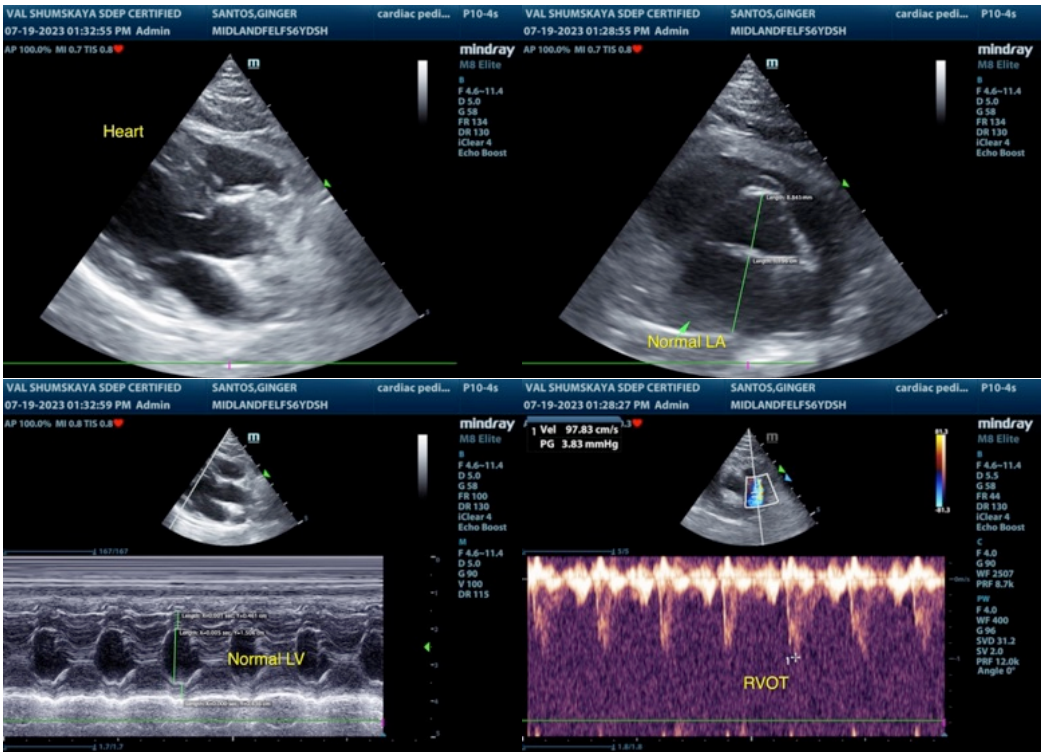
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural function or cardiomyopathy without a definitive cause of the low-grade murmur was identified. Assuming no evidence of volume changes such as dehydration or anemia, benign physiological flow murmur is considered probable. Although, a small non-visualized flow abnormality cannot be excluded. Regardless the lack of left or right heart chamber enlargement indicates that hemodynamic effects of the low-grade murmur are minimal. No indication for cardiac medications. No anesthetic contraindications if clinically indicated. Conservative monitoring of the murmur is recommended at this stage. Recheck echocardiogram is recommended in 12 months, sooner if murmur intensity increases or if clinical signs consistent with cardiac disease arise.



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