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Clinical Sonography & Telecytology
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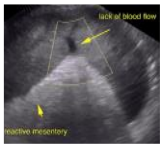

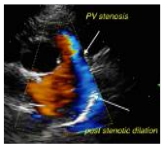

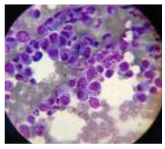
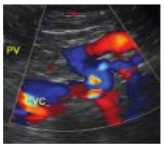

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gambit Hall

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

9Y 10M

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14433

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Presented today for COHAT under anesthesia. No issues during procedure, during recover P was breathing on her own, corneal reflex present, removed P from oxygen. P continued to breathe well on her own then took one large breath and stopped breathing (was still intubated at the time). Tongue started to turn purple, P immediately placed back on oxygen, corneal reflex no longer present. Blood drawn for Pro Bnp during this and that was normal. P eventually had all reflexes back, swallowed and was extubated and is currently stable.

This submitted study contained 27 videos and still images in MP4 format for review. Please submit images in DICOM, if possible. Cardiac measurements were not possible in this study secondary to submitted format.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. 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 subjectively was mildly suppressed yet adequate and likely secondary to recent anesthesia. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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). 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

- Overtly normal cardiac structure and function
- Subjective mild decreased yet adequate LV function - suspect secondary to recent anesthesia / sedation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy as a cardiogenic cause of the patient's recent episode. No evidence of left or right heart chamber enlargement, significant LV hypo functionality, evidence of clinical pulmonary hypertension, overt or significant valvular insufficiencies, or evidence of pericardial disease were noted.

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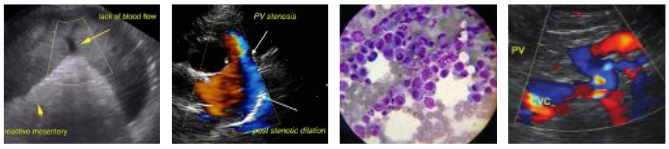

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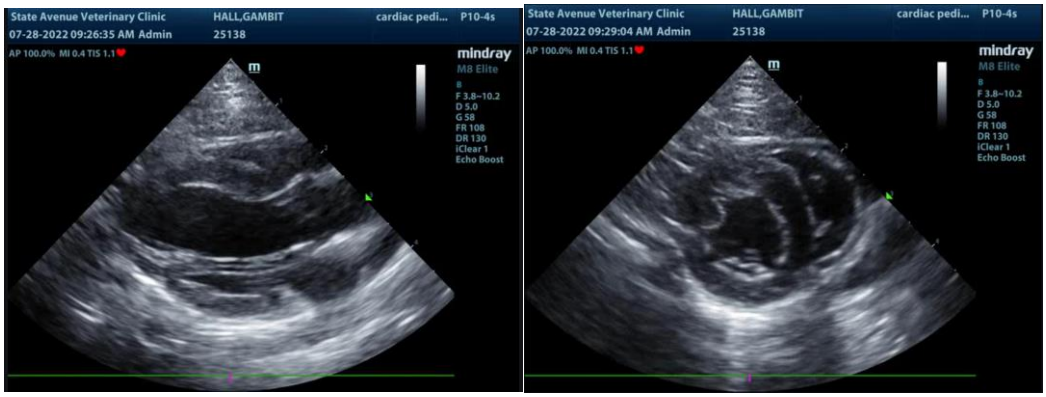
If clinical concern for cardiac disease, recheck echocardiogram following complete recovery from anesthesia is suggested. However, no evidence of cardiomyopathy was noted in this study.



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