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Clinical Sonography & Telecytology
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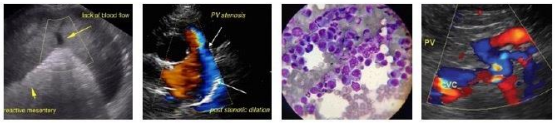

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Katherina Singh

SPECIES

Feline

BREED

DSH

SEX

FI

AGE

5 yr

WEIGHT

7.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Arc Animal Hospital

REFERRING VET

Dr. Hanna

INVOICE

11025ag

DATE

07/03/2022

PRESENTING CLINICAL SIGNS

History: has been coughing last few days meds: clavamox

Abnormal PE/Chem/CBC/UA Results: bronchi pattern on rads, heart looks mildly enlarged rads attached

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		206	0.45	1.6	0.44	44.8	79.8

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	1.5	1.54	1.35	1.0	0.8	

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. 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. 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 exhibited subjective mild prominent size compared to expected and to the LV. Normal overall RV myocardial echogenicity and thickness was present. 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. No overt evidence of heartworms was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Subjective mild prominent right ventricle

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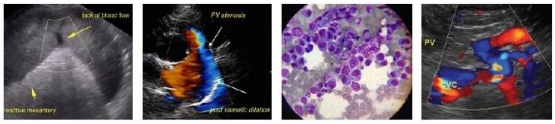

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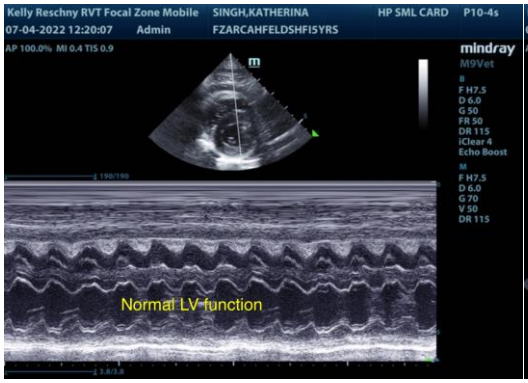
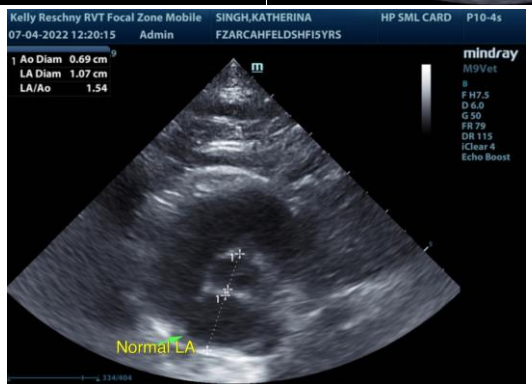
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy was noted in this study. No evidence of HCM, LV systolic dysfunction or overt evidence of clinical pulmonary hypertension was observed.

Overall the cardiac presentation was not consistent with primary cardiac disease or a cardiogenic cough. Given the potential for a reported bronchial pattern which may indicate underlying inflammatory pulmonary changes, some degree of minor elevated pulmonary pressure cannot be definitively excluded. No overt indication for cardiac medications. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with primary cardiac disease arise. Primary lower respiratory therapy is likely indicated.

Heartworm Ab/Ag testing may be considered if clinically indicated.





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