


PATIENT

Tina Gegaj

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 yr

WEIGHT

8.7 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meredith Swart

HOSPITAL NAME

 Swart Veterinary
 Imaging

REFERRING VET

Meredith Swart

INVOICE

11065ag

DATE

07/08/2022

PRESENTING CLINICAL SIGNS

History: History of grade II sternal murmur. Recent lethargy. History of hematuria. AUS performed today as. Dilated left renal pelvis with abnormal architecture found in left kidney, right kidney shrunken.

Abnormal PE/Chem/CBC/UA Results: labowork pending

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	0.68	1.1	0.53	49	91
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	1.1		0.9		
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 and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt MR was present. The left ventricle presented subjective IVS hypertrophy with normal free wall thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated potential for turbulent to dynamic systolic flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to cor pulmonale or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

No evidence of cardiac tumors.



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ULTRASONOGRAPHIC FINDINGS

- LV myocardial remodeling with subjective IVS hypertrophy
- Normal LA

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Aside from subjective mild IVS hypertrophy, overall normal cardiac structure and function was present. The IVS hypertrophy is nonspecific yet technically could be considered a form of HCM. Assessment of systemic BP and T4 levels is recommended to rule out contributing factors. The normal cardiac function and normal LA size indicate that the heart is compensated and cardiac medications are not indicated. The mild murmur is suspected to be a benign physiologic or flow murmur potentially associated with mild dynamic to turbulent LV outflow. The hemodynamic effects of the murmur appear to be minimal.

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Continued monitoring of the murmur is recommended with recheck echocardiogram in 6 months, sooner if clinical signs consistent with heart disease arise or if murmur intensity progresses.

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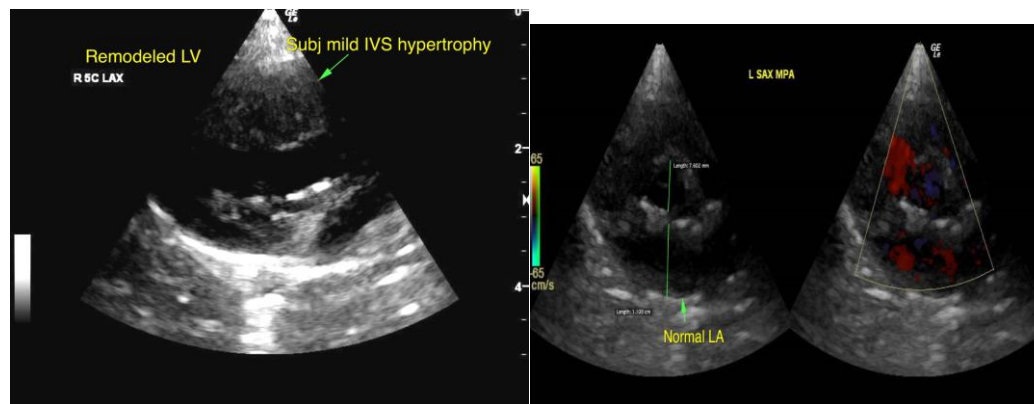
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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