



PATIENT

Flaco Rossi

PRESENTING CLINICAL SIGNS

Presented on 7/20 23 for bleeding in the mouth , struggling to eat and weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE -7/20/23 advanced periodontal ds , unkempt hair coat , parasternal HM 2-3/6 and low grade fever .Blood test unremarkable . CXR - NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

9

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			0.4	1.4	0.42	45	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		1.33	1.3	1.3	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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

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08/11/2023

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt significant MR present 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. The 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 was present. 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 present 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). Possible mild turbulent to dynamic RV outflow prior to the pulmonic valve with 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.



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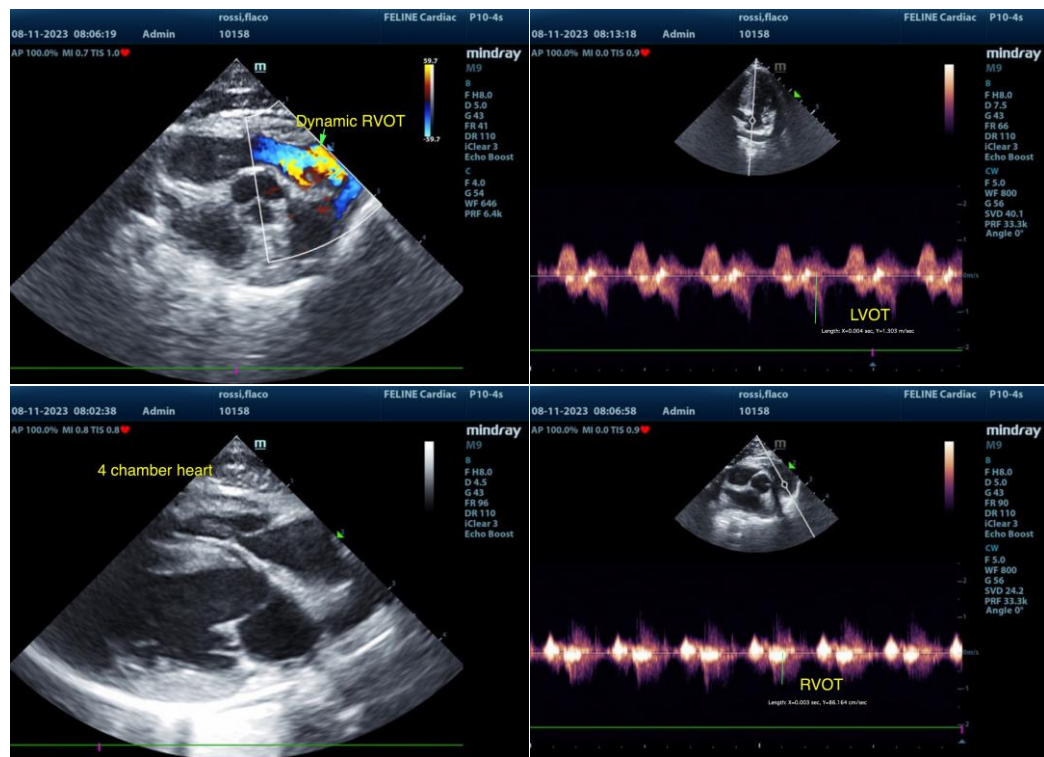
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.
- Normal LA.
- Possible mild turbulent/dynamic RVOT outflow with normal measured velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present in this study including no evidence of HCM criteria, LV systolic dysfunction, clinical pulmonary hypertension or endocarditis. The only source of the murmur was the possible mild turbulent to dynamic RVOT outflow on Doppler although measured RVOT velocity was normal. This is essentially a benign physiologic flow murmur although a non-visualized small flow abnormality cannot be definitively excluded. The hemodynamic effects of the murmur appear to be minimal. No indication for cardiac medications.

A blood culture could be considered if clinical concern for sepsis given fever and recent surgery. Conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if clinical signs arise.





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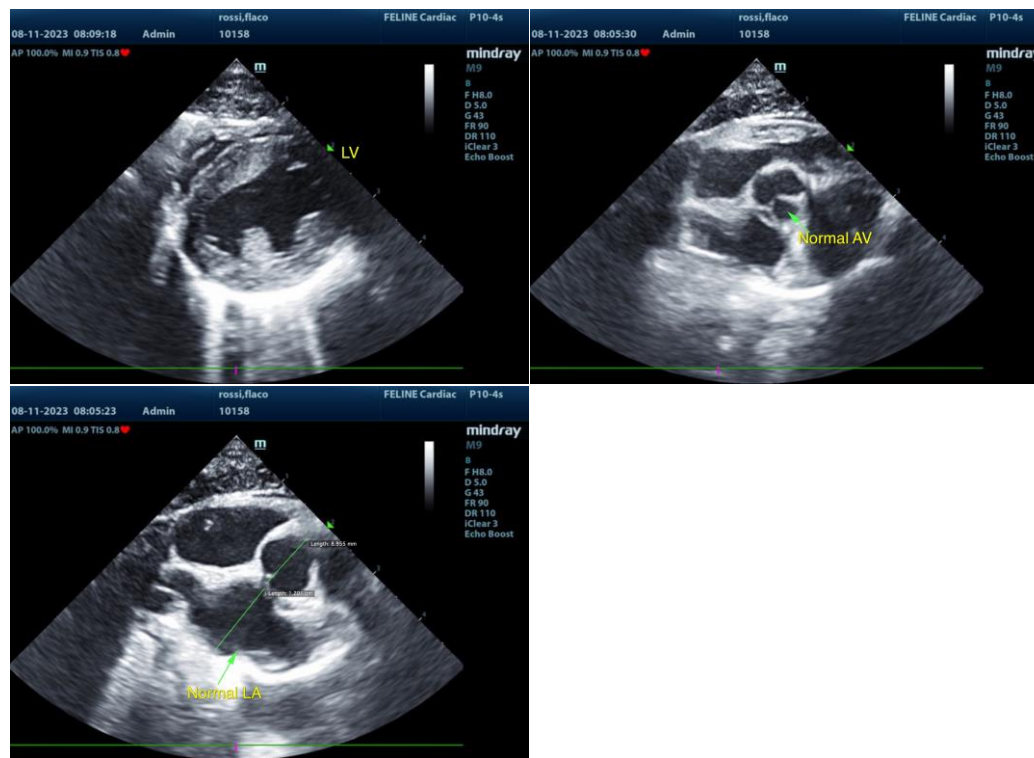
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

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