



PATIENT

Simba D'Argenio

PRESENTING CLINICAL SIGNS

History: history of heart murmur and hind limb paralysis; on buprenex and clopidigrel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

Dr. Kim

INVOICE

11475ag

DATE

08/23/2022

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		202	0.46	1.7	0.44	55.4	88.6
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	1.53	1.3	1.1	1.1		
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. No evidence of spontaneous contrast or thrombus in the LA lumen. 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 mild dynamic to turbulent systolic flow with 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. No overt TR noted 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). 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

Primary

- Overtly normal cardiac structure and function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was observed in this study. A definitive cause of the patient's murmur was not evident without clinical issues such as left or right chamber



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enlargement, LV systolic dysfunction or overt valvular insufficiencies. If no volume changes such as dehydration or anemia, a benign physiologic flow murmur or small flow abnormality is suspected. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are minimal. The lack of LA enlargement was not overtly consistent with thrombus formation while the potential for a transient thrombus cannot be definitively excluded. No overt indication for cardiac medications as the overall risk for complication appears low. Continued monitoring of the murmur is recommended. Recheck echocardiogram suggested in 6 months or if murmur intensity increases/signs of heart disease arise.

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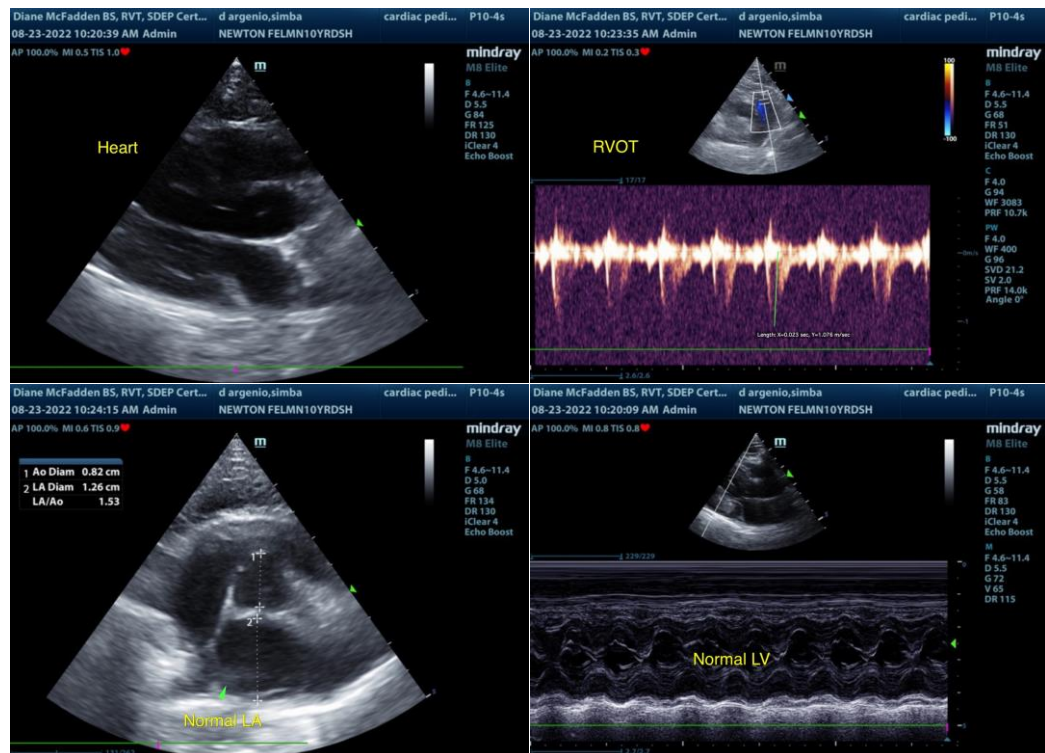
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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