SonoPath
Clinical Sonography & Telecytology
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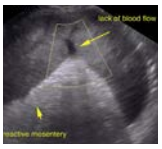
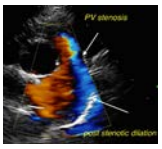
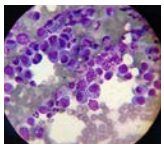
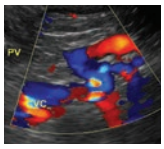

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oscar Salazar

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
16 Years

WEIGHT
11.2 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Sova Animal Hospital

REFERRING VET
Dr. John Ammeraal

INVOICE
25088

DATE
8/31/21

PRESENTING CLINICAL SIGNS

Recheck echo, sub-clinical cardiomyopathy.

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		144	0.33	2.1	0.34	26	53.1

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	2.0	2.1	2.3	1.0	0.8	NM

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 progressive increased **left atrial** size based on 3 separate LA measurements and compared to previous echocardiogram. No evidence of spontaneous contrast or thrombus formation. The cranial and caudal **mitral** valve leaflets presented subtle thickening, yet overall normal kinetics with mild insufficiency noted on doppler assessment. The **left ventricular** septum and free wall revealed mild subnormal contractility compared to normal for this species. Normal left ventricle volume with some progressive echogenic remodeling of the septum and free wall noted, consisted with potential progressive fibrosis, which may be an age related change, or secondary to underlying cardiomyopathy. The previously noted hyperechoic septal lesion was noted in the basilar aspect of the septum measuring approximately 1.2 cm diameter. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed increased size and normal 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. An intermittent arrhythmia was present.

ULTRASONOGRAPHIC FINDINGS

- Previously noted, subjectively progressive left ventricle myocardial remodeling and fibrosis
- Mildly subnormal myocardial contractility
- Essentially static, previously noted hyperechoic septal lesion
- Progressive left atrial enlargement

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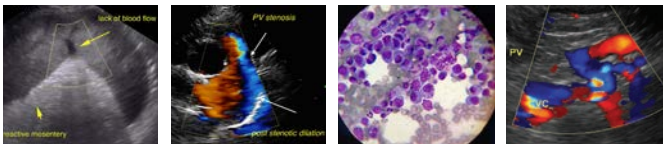

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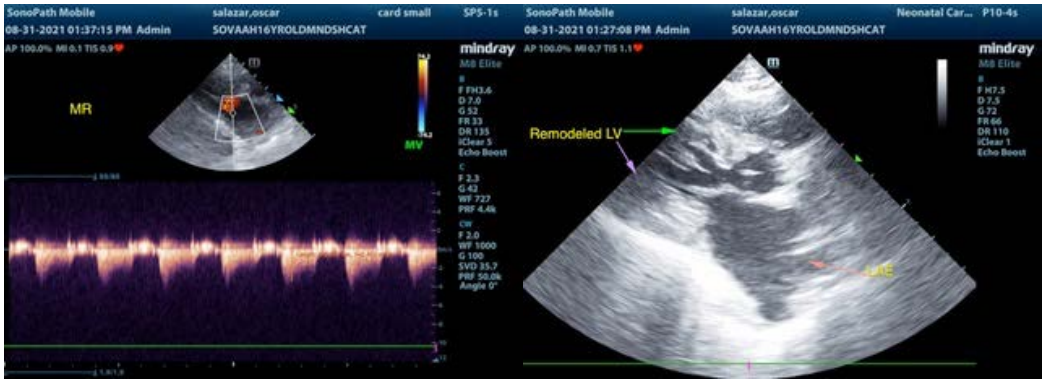
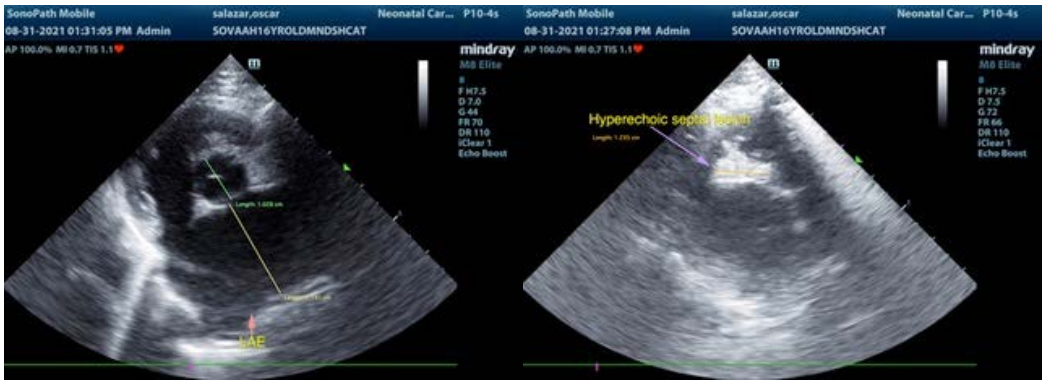
- Intermittent arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar yet progressive findings compared to the previous echocardiogram are present. Specifically, progressive left atrial enlargement indicates that the risk of current or future complication is elevated. Previously mentioned medical therapy (Pimobendan, Plavix) is suggested if not currently instituted. Recheck ECG and blood pressure suggested if not recently done. Additionally, if evidence of congestion, lowest effective dose of a diuretic may be indicated. Going forward, this patient is at continued increased risk CHF, while the possibility of sudden death cannot be excluded. Recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease or thrombotic activity are noted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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