



PATIENT

Cupcake Stewart

PRESENTING CLINICAL SIGNS

Heart murmur. No clinical signs of heart disease.

SPECIES

Feline

BREED

Maine Coon X

SEX

Spayed Female

AGE

7 Years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

25376

DATE

9/13/21

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		166	0.56	1.53	0.52	51	86
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	1.21	1.23	1.38	<2.0	1.3	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 normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral valve** leaflets appeared subtly to mildly thickened with some eccentric insufficiency noted on Doppler. Probable mild systolic anterior motion of the mitral valve was noted. The **left ventricle** presented borderline free wall and septal thicknesses with minor basilar septal hypertrophy in the area of the left ventricular outflow tract. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Probable mild systolic anterior motion of the mitral valve
- Minor myocardial remodeling with mild basilar IVS hypertrophy
- Mild turbulent LVOT flow and minor mitral valve regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur may be multifactorial owing to turbulent systolic blood flow in the left ventricular outflow tract as well as mild mitral valve insufficiency. The overall presentation of the heart is suggestive of compensated, potentially emerging hypertrophic obstructive cardiomyopathy as



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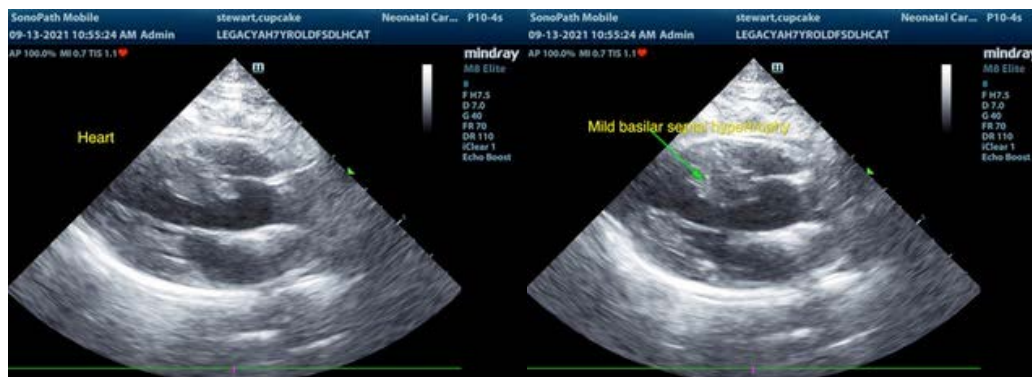
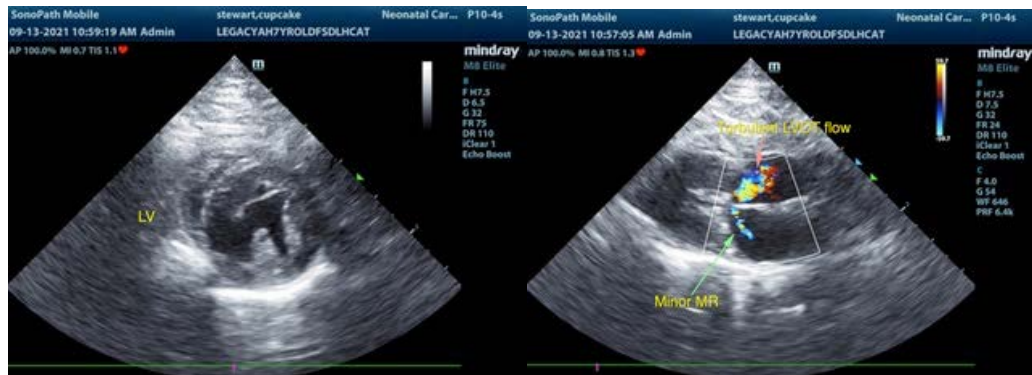
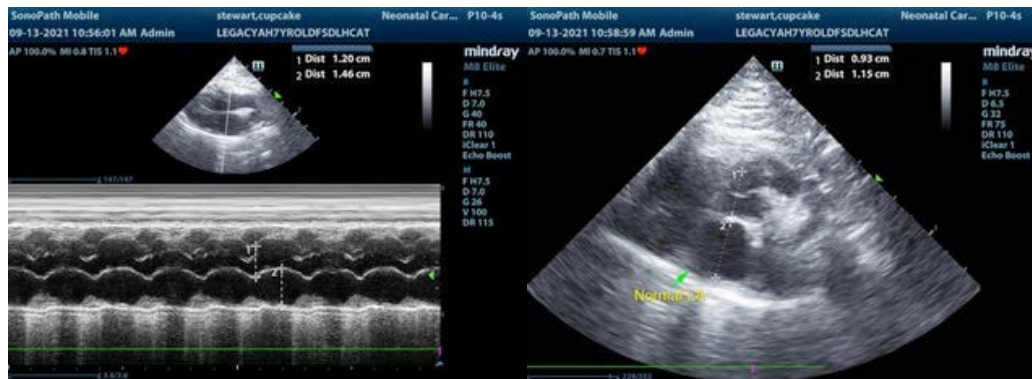
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indicated by the borderline LV hypertrophy and suspected mild dynamic LVOT obstruction (SAM). The lack of left atrial enlargement and/or left ventricle volume overload indicate that the risk of complication is low at this time. Given the LVOT velocity >2.0 m/sec, significant obstruction is not suspected. Therefore, an obvious medication requirement at this stage is not indicated. However, serial sonographic monitoring is recommended to assess for progression with initial recheck in 6 months, sooner if clinical signs consistent with heart disease develop.



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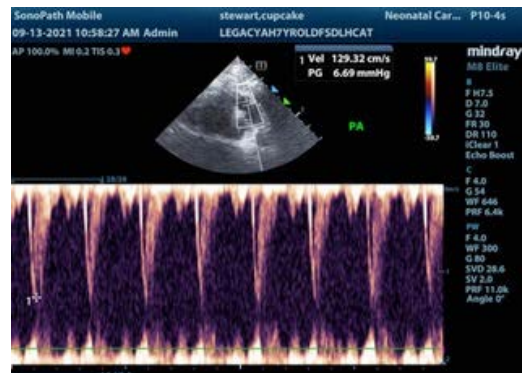
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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