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Clinical Sonography & Telecytology
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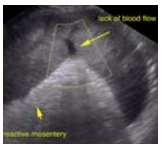
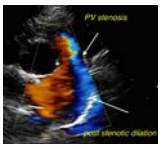
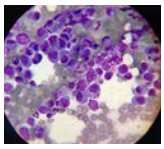
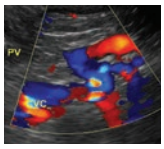

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ally Sendatch

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 Years

WEIGHT
5.7 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Well Pet AH

REFERRING VET
Dr. Wellington

INVOICE
25836

DATE
9/28/21

PRESENTING CLINICAL SIGNS

History of Respiratory Dz/issue. Abnormal NT pro BNP - heart murmur
Abnormal PE/Chem/CBC/UA Results: WNL

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		290	0.60	0.9	0.54	46.7	81.6
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	NM	1.0	1.0		NM	1.45	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 based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented borderline increased IVS thickness with LV free wall thickness without evidence of left ventricular dilation or restriction. 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 subtle turbulent flow, yet normal 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. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract revealed minor subjective turbulent flow, yet normal structure and diameter (approx.1:1 pa/ao ratio). No **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. Tachycardia was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective borderline IVS hypertrophy
- Normal left atrium
- Tachycardia, probable flow murmur

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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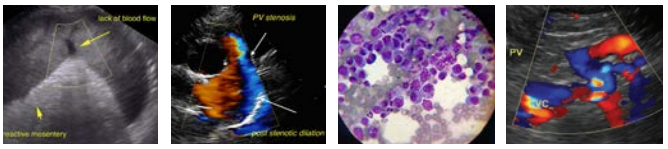

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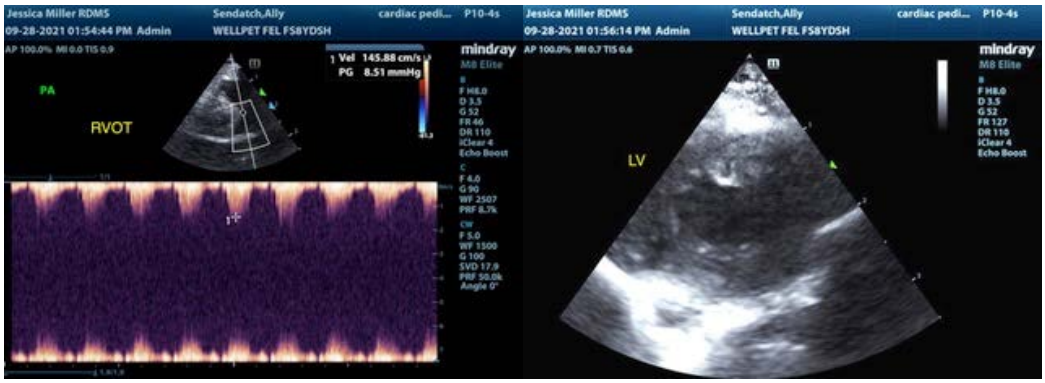
Overall, overtly normal cardiac structure and function. A flow murmur is considered probable without overt evidence of significant valvular insufficiency, systolic dysfunction, or evidence of clinical pulmonary hypertension. The lack of left atrial enlargement indicates that the risk of future complication is low. Potential for emerging hypertrophic left ventricular changes possible. However, rule out for evidence of systemic hypertension as well as assessment of T4 levels recommended. Given these findings, the respiratory issues in this patient are most certainly non-cardiogenic in origin. No indication for cardiac medications. Recheck echocardiogram suggested in 6 months pending additional diagnostics, sooner if clinical signs consistent with heart diseas develop.



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