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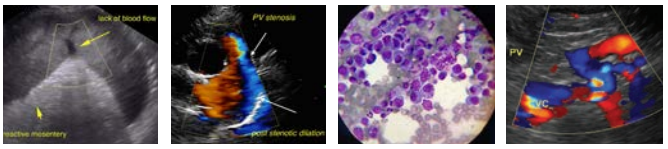

PATIENT
Valentine Shafer

SPECIES
Feline

BREED
American Shorthair

SEX
Spayed Female

AGE
11 Years

WEIGHT
7.2 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
North Warren AH

REFERRING VET
Dr. Bociulis

INVOICE
25960

DATE
9/30/21

PRESENTING CLINICAL SIGNS

3/6 left sided systolic murmur- please assess for anesthesia/surgery. On enrofloxacin
Abnormal PE/Chem/CBC/UA Results: mild anemia

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		177	0.44	1.63	0.43	48.5	83.4
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	1.0	1.1	1.4		1.0	1.0	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. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. Doppler assessment revealed no overt mitral valve insufficiency. The **left ventricle** presented normal free wall and septal thicknesses with primarily linear contour. Subjective propensity for subtle basilar septal hypertrophy. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed overall normal size, structure and content. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. An unspecified, echogenic lesion was noted in the area of the tricuspid valve and right atrium, potentially in the area of the right atrioventricular groove. This echogenic lesion measured approximately 1.0 cm in diameter. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. Minor pericardial free fluid was noted without evidence of concurrent free pleural fluid. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mild left ventricular myocardial remodeling
- Normal left atrium

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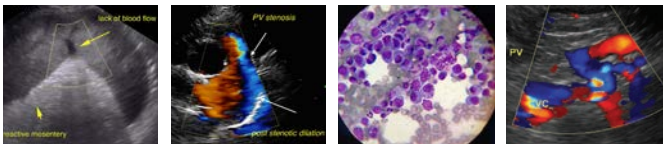

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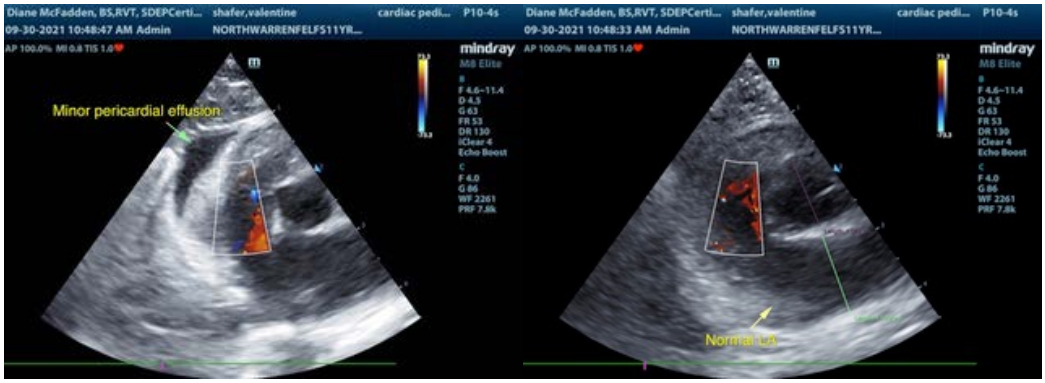
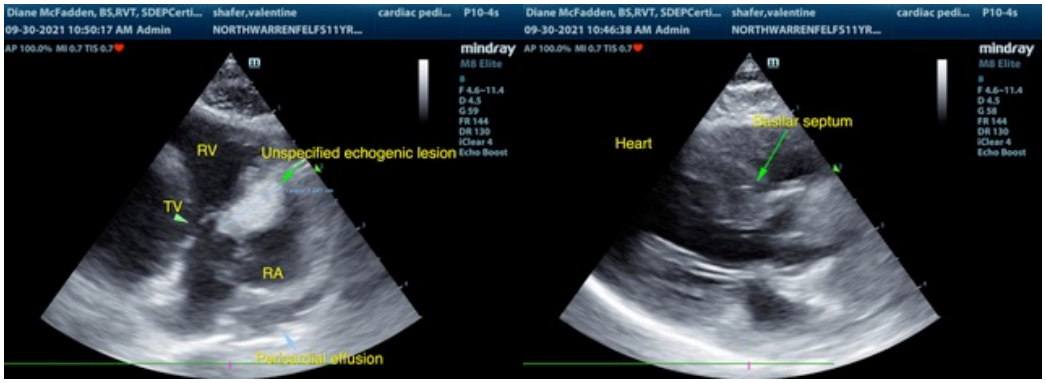
- Minor pericardial effusion
- Unspecified echogenic lesion in the area of the tricuspid valve and right atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall lack of left or right heart chamber enlargement, specifically left atrial enlargement, indicates that the overall risk for complication is low and not consistent with cardiogenic pericardial effusion. No other issues such as significant valvular insufficiency, systolic dysfunction, or clinical pulmonary hypertension noted. Although not definitive, the unspecified echogenic lesion in the area of the tricuspid valve and right atrium may indicate fibrosis, emerging neoplasia, or other. The minor pericardial effusion does not appear to be impeding cardiac function at this time, yet further sonographic monitoring is recommended. Anesthetic risk is considered mildly elevated. Ideally, referral to local cardiologist for further assessment is recommended prior to anesthesia/surgery.





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