



PATIENT

Klaus Flormata

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

S. Barthelemy, DVM

PRESENTING CLINICAL SIGNS

History: Grade 2-3/6 heart murmur with persistent gallop rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is asymmetric with a focal septal bulge. There is a diffusely hyperechoic endocardium consistent with some degree of fibrosis and ventricular remodeling. Mild papillary hypertrophy. The left ventricular chamber is normal in dimension. The left atrium is normal. The right atrium is moderately enlarged. The right ventricle appears remodeled, however the systolic function is subjectively intact. No RV dilation with reasonable wall thickness. Moderate tricuspid regurgitation; velocity consistent with early PAH. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Blood flow through the RVOT and LVOT is normal in velocity. No AI is present. Hyperechoic right AV groove. No obvious effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.72		0.599	1.25	0.48	686	96
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.4	1.3		2.0	0.9	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is moderate tricuspid regurgitation. The tricuspid valve appears mildly thickened, which depending on the chronicity of the murmur/disease may represent a congenital issue versus degenerative valve disease as we commonly see in dogs. There is moderate right heart compensatory changes with dilation of the RA. There is also a focal septal thickening which may suggest early hypertrophic disease. A baseline BP and T4 are recommended. Finally, the AV groove appears hyperechoic which likely represents fat deposition; however, more malignant pathology such as a tumor cannot be ruled out. Monitoring is advised.

Given the findings, consider institution of both Plavix and Pimobendan (off label use in cats). It is important to note that no medications have been proven to change outcome in stage B2 cats, and an alternative approach would be simply monitoring for progression. Discussion with the owner is advised.

Prognosis is guarded long term given the severity of disease. There will always remain risk for progression to CHF, development of blood clots and/or malignant arrhythmias/sudden death in the

DATE

1/17/22



PATIENT

Klaus Flormata

future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

SPECIES

Feline

Plan: Screening BP/T4. If elected, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administered in a gel cap). If elected, institute Pimobendan 1.25mg PO q12h.

BREED

DSH

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise in the interim.

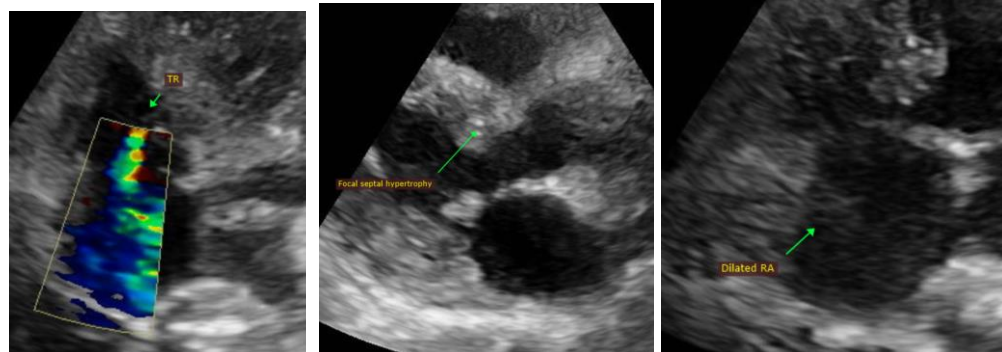
SEX

Male Neutered

IMAGES

AGE

11 years



WEIGHT

10.4lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

IMAGING PERFORMED BY

S. Barthelemy, DVM

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

HOSPITAL NAME

Southpointe Pet
Hospital

REFERRING VET

Dr. Mizen

INVOICE

28391

DATE

1/17/22