

PATIENT

Prune Beach

SPECIES

Feline

BREED

Sphinx

SEX

Female Spayed

AGE

9 months

WEIGHT

5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

28425

DATE

1/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. Very active at home, small for age but otherwise no clinical signs. Sedated with Gabapentin PO and Torbugesic IV (little impact).
-Pertinent previous echo findings (MML 6/2022): mild LA/LVE, VSD 0.4cm; L-R 5m/s, mild relative PS; LA 1.1, LA:Ao 1.7, LVIDd 1.7

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is minimally dilated. A relatively large perimembranous VSD is seen just below the aortic valve. The shunt is left to right. No obvious right to left flow identified. The left atrium is minimally increased in size. The right atrium is normal in size. The right ventricle appears normal. The MPA is mildly dilated; normal outflow velocity. The pulmonic valve is largely normal with trace PI. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the LVOT is normal in velocity. There is no pleural or pericardial effusion seen. No additional shunts or abnormalities are visualized.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	2.3	NM	0.37	1.6	0.38	38	72
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		NM	1.5	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

Stable VSD. The LA and LV dimensions are less impressive than in the prior study, likely due to patient growth. No further volume overload is identified. No additional issues are noted.

As mentioned previously, VSDs in cats have variable outcomes, and lifelong monitoring is advised. The prognosis is guarded however, as the rate of progression with subclinical cardiomyopathy is highly variable. Patient will always remain at risk for development of congestive signs, arrhythmias and/or sudden death in the future.

With only mild heart enlargement, use of medications is not yet recommended. This may change in the future should further volume overload be noted.



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Anesthetic risk is considered mild at this time, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

SPECIES

Feline

Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

BREED

Sphinx

PLAN

No medications are indicated at this time.

SEX

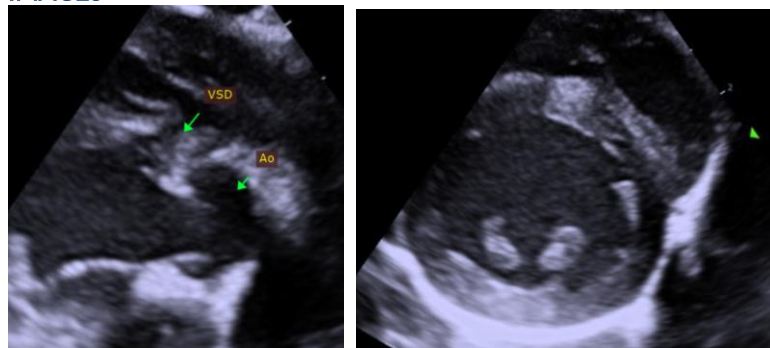
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Recommend a recheck echocardiogram in 12 months to screen for progressive dilation and need for medications.

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IMAGES



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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.

IMAGING PERFORMED BY

Dr. Karen Ebersole

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.

HOSPITAL NAME

Scanvet

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