



**DATE PRESENTING CLINICAL SIGNS**

1.20.26 History: Grade 3/6 heart murmur. Bladder stones.  
-Pertinent abnormal PE/Chem/CBC/UA Results: ProBNP: >1000, Azotemic. Partial urinary obstruction.  
-Current medications: Phenoxybenzamine 25mg BID, Mirataz 1.5 QD.

**PATIENT**

Susie Burdette -Sedation used: On Bup SR  
-Pertinent previous ultrasound results: No previous.  
-STAT: Not requested.  
-Imaging performed by: Stephanie Warga RDCS, RVT.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

5.31.10

**WEIGHT**

8.8lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**INVOICE**

46508

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium with mild remodeling. The papillary muscles are remodeled; no hypertrophy seen. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. No SAM identified. The tricuspid valve appears normal in structure and mobility. Mild TR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI seen. No effusions. No obvious cardiac tumors.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.0	NM	0.45	1.5	0.48	48	83
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	1.2		0.8	1.0	NM

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**

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. Trace MR/mild TR to this degree would not cause an auscultable murmur; however, monitoring for progression is advised. Flow through the great vessels is normal in velocity. No definitive cause for the murmur is identified in this study, making it likely physiologic in origin (i.e. secondary to tachycardia, volume changes, etc.).

Given these findings and a normal LA dimension, no medications are indicated. Prognosis is open.

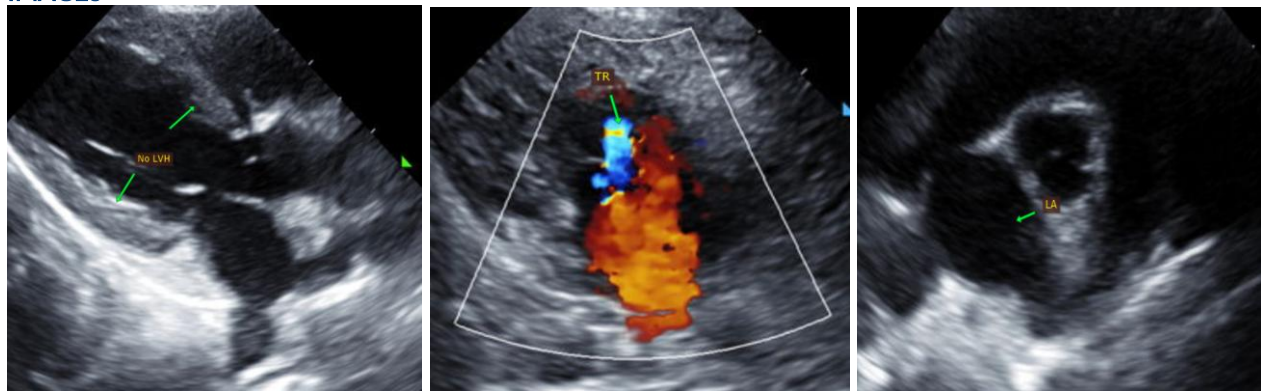
No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, this patient has reported azotemia which is the likely cause. A baseline BP is recommended.

No cardiac contraindication for general anesthesia. Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is low. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

#### IMAGES



**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. 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.

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