


PATIENT

Fred 61036

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Radiographs: NSF. ProBNP: normal. BP: 136mmHg. Sedated with Torb and Midaz and then Dexdomitor administered ¾ through scan.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a borderline focal septal thickening. The LV chamber is normal. The remainder of the LV measures normal, although significant irregularity is noted throughout. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied. 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. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No aortic insufficiency with a mildly thickened aortic valve. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DMH

SEX

Male Neutered

CARDIAC CHART
AGE

9 months

WEIGHT

9.7lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING
PERFORMED BY

A. Nicastro, DVM

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	4.4	NM	0.59	1.2	0.53	48	90
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	1.2	1.2		0.8	0.5	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

The only abnormality identified is a borderline focal septal thickening. This is unusual to see in a young cat and follow up is certainly advised. The LA is normal, indicating low risk for complication. No cause for the murmur is identified; however, an intermittent LVOTO is suspected given the appearance of the septum. Serial echocardiography will be necessary to determine progression and clinical significance. No additional issues are identified.

Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 6-12 months, sooner if clinical signs arise.

INVOICE

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DATE

1/24/23



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HOSPITAL NAME

Charleston Animal
Society

REFERRING VET

Dr. Pelletier

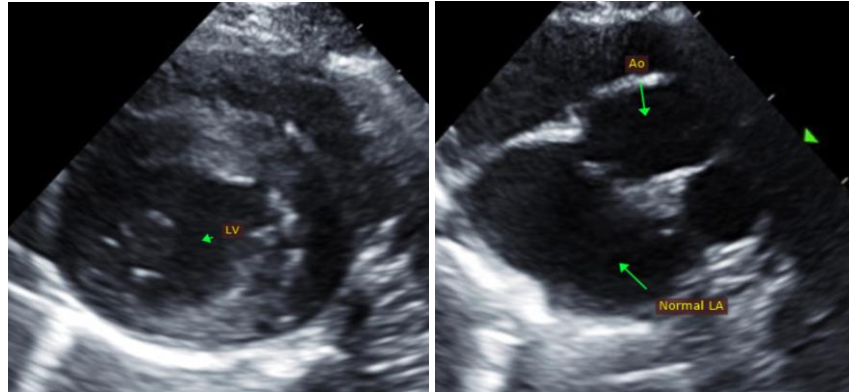
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IMAGES



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.

Maggie Machen Lamy, DVM
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