



PATIENT

Sushi Meth

PRESENTING CLINICAL SIGNS

History: Persistent grade II/VI heart murmur. Echo prior to spay.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. The papillary muscles are normal. The endocardium appears normal.

BREED

DSH

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

SEX

Female Intact

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial aortic insufficiency.

AGE

8 months

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with trace/mild tricuspid regurgitation. Normal velocity.

WEIGHT

6.7lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No obvious congenital shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.1
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.33
LVID diastole (cm)	1.46
PW thickness (cm)	0.36
LVID systole (cm)	0.56
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.2
TR PG (mmHg)	18

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. Insignificant leaks are noted associated with the tricuspid and aortic valves, which would not be heard on exam. No obvious congenital defects are seen at this time. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

REFERRING VET

Dr. Detelich

It is important to note that phenotypic HCM could develop at any point in an animal's lifespan, particularly in this predisposed breed. Annual screening is recommended lifelong.

INVOICE

28119

DATE

1/5/23



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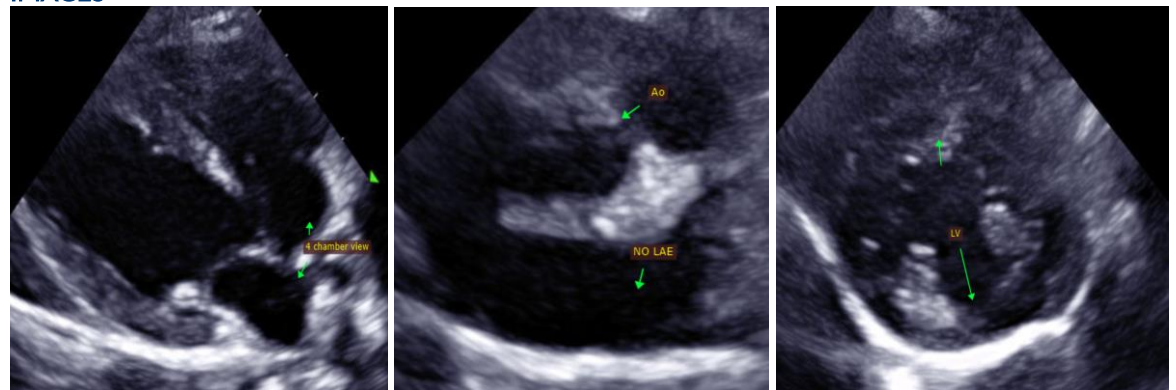
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

IMAGES



INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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 info@sonopath.com

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 Hospital

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