



**PATIENT**

Misty Regine

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

9.7lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Wood River Animal  
Hospital

**REFERRING VET**

Dr. Schuelke

**INVOICE**

28136

**DATE**

1/6/23

**PRESENTING CLINICAL SIGNS**

History: Muffled heart sounds auscultated at annual exam. Radiographs revealed slightly enlarged cardiac silhouette and cranial lung field has soft tissue opacity (mass vs fat). Concern for cranial mediastinal mass. Recommended ultrasound to help determine if cranial mediastinal mass vs cardiac disease/ heart base tumor. On: Gabapentin 50mg PO BID to TID.

**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 dimensions are normal. False tendon. The LV internal dimension is on the high-end of normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

**Left atrium:** The left atrium is normal. No obvious smoke or thrombi seen.

**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. Mild aortic insufficiency.

**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 trivial tricuspid regurgitation.

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

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.38
LVID diastole (cm)	1.8
PW thickness (cm)	0.41
LVID systole (cm)	1.0
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function are identified. Significant LV remodeling is identified with a high normal chamber dimension. This may suggest early disease; however, a normal variant is also possible albeit unexpected in a 6yo cat. Regardless, the LA is normal, indicating low risk for complication. Finally, an aortic leak is identified and a baseline blood pressure is recommended. No other significant valve leaks are noted, and flow through the great vessels is normal in velocity. No additional issues are identified.

No cardiac cause for radiographic abnormalities is appreciated. Consider further evaluation, such as Radiologist review of the films, focused thoracic ultrasound, sampling/FNA, etc.

Prognosis is open.



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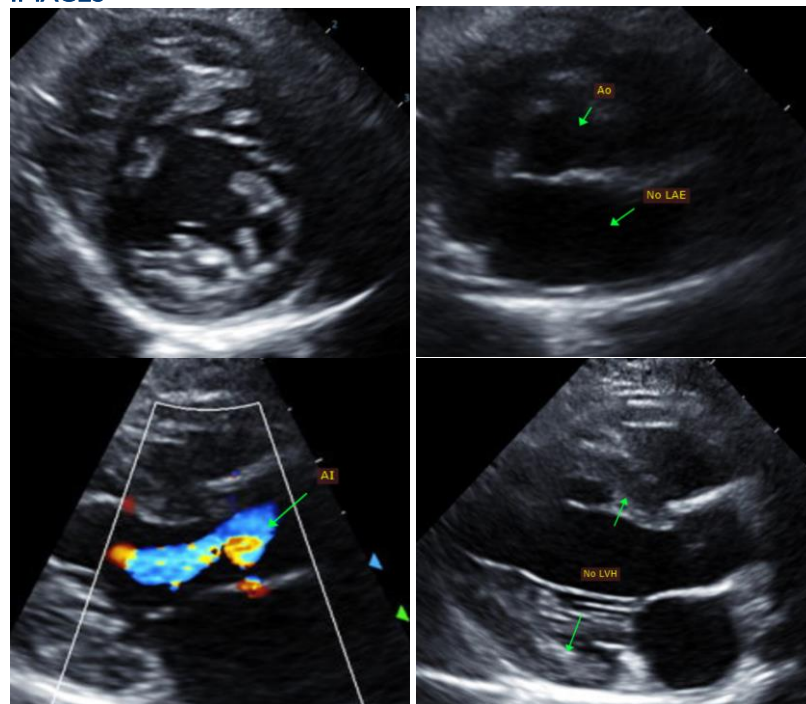
**RECOMMENDATIONS**

- Baseline BP is recommended.
- Further thoracic evaluation.
- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**PLAN**

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

**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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