

**PATIENT**

Gomez Kudeyar

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI heart murmur; no clinical signs; active, playful. \*Sedated with butorphanol/propofol.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

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

**BREED**

DMH

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal with regions of remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal.

**SEX**

Male Intact

**Left atrium:** The appearance of the left atrium is consistent with a Cor Triatriatum Sinister with a perforated septum. The proximal chamber is mildly dilated while the distal chamber is volume underloaded. A large defect is seen in the atrial septum, consistent with an Ostium Primum ASD. Flow appears left to right.

**AGE**

5 months

**Mitral valve:** The anterior mitral valve is thickened and elongated, with a cleft appearance in diastole. No obvious SAM is identified.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. No obvious outflow tract obstruction. No aortic insufficiency. No obvious VSD is appreciated.

**Right ventricle:** The right ventricle is severely dilated. No obvious RVH.

**Right atrium:** The right atrium is severely dilated.

**WEIGHT**

5.7lbs

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Mildly elevated velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branches are mildly enlarged.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 180bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.86
LA diam (cm)	0.7
LA:Ao (Swe)	0.82
IVS thickness (cm)	0.39
LVID diastole (cm)	1.1
PW thickness (cm)	0.33
LVID systole (cm)	0.60
FS (%)	47

**Doppler Measurements**

PV Vmax (m/s)	0.56
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.9
TR PG (mmHg)	33

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

East Boston Animal  
Hospital

**INTERPRETATION OF THE FINDINGS**

Complex congenital heart disease is present with an Ostium Primum Atrial Septal Defect (ASD), dysplasia of mitral valve and Cor Triatriatum Sinister (CTS). The septal communication is large, and is resulting in severe volume overload of the right heart. A concurrent VSD is not clearly appreciated (i.e. as would be seen with an endocardial cushion defect); however, this is not entirely ruled out without advanced imaging such as an angiogram. MV dysplasia with a cleft anterior leaflet is seen, without an obvious obstruction to aortic outflow and mild MR. Finally, the presence of a CTS implies a ridge of tissue is present within the left atrium creating a proximal and distal chamber. Flow throughout the region is intact with dilation of the proximal region.

**REFERRING VET**

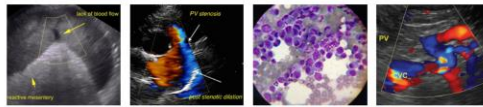
Dr. Chopra

**INVOICE**

28167

**DATE**

1/8/23



**PATIENT**  
 Gomez Kudeyar

Given the highly unusual nature of these findings, recommend referral to a local Cardiologist for advanced diagnostics in this case (bubble study, angiogram, etc.). The goal would be to definitively understand the pathology, ensure no additional pathology is present, and discuss advanced treatment/lifelong monitoring. That being said, likely there is no surgical option in this case.

**SPECIES**  
 Feline

Based upon what is seen here, consider Plavix therapy to help decrease the risk of a thrombotic event. Plavix can be difficult to administer, and if the patient is averse to medications monitoring would be an alternative option. No obvious indication for Atenolol or other medical therapy at this time in this young cat, given a lack of obvious obstructive disease or clinical signs.

**BREED**  
 DMH

**SEX**  
 Male Intact

The prognosis is guarded to poor long-term as this will likely limit lifespan with progression to CHF in the future. Patient will always be at risk for recurrent CHF (likely right-sided), development of arrhythmias, blood clot events, syncope and/or sudden death in the future.

**AGE**

5 months

**RECOMMENDATIONS**

- Consider referral as discussed for advanced diagnostics if interested.
- If able, administer Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Lifelong mild activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance, collapse episodes or signs of a blood clot event.

**WEIGHT**  
 5.7lbs

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 DACVIM (Cardiology)

**PLAN**

- A recheck echocardiogram is recommended in 6 months to screen for progressive dilation and need for additional medications, sooner if clinical issues arise in the interim.

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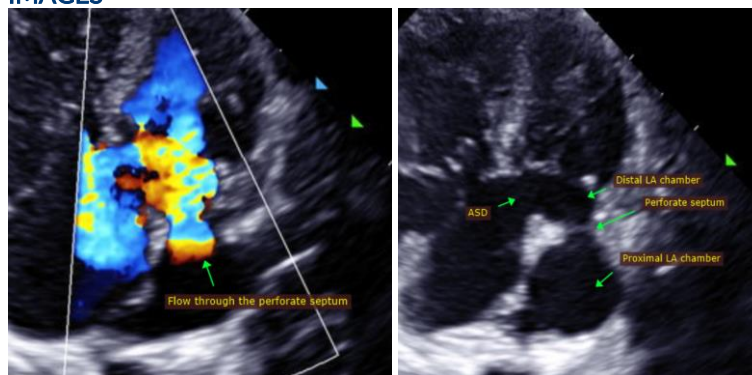
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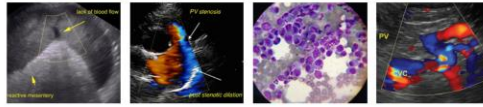
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**IMAGES**





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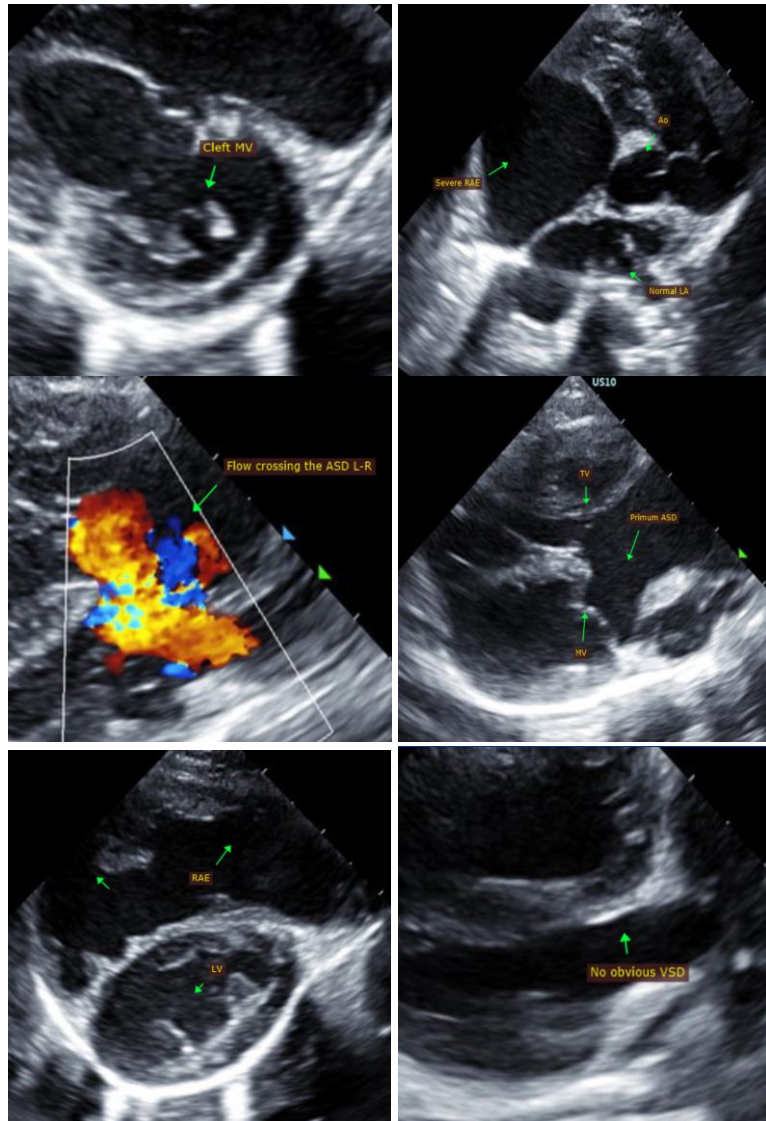
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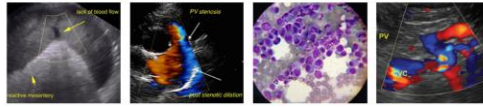
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
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