



PATIENT

Daisy Olmstead

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

17 years

WEIGHT

5.37lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

28202

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Assess prior to dental. BP: 159, 126, 146, 143, 133mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. Significant remodeling of the endocardium. The papillary muscles are hyperechoic and remodeled. 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 MR. 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 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.4	180	0.39	1.1	0.40	57	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	1.5	1.4	1.1		0.5	0.8	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

Overtly normal geriatric cardiac structure and function. Significant fibrosis and irregularity of the left ventricular wall is noted, which may be a normal age-related variant or may reflect early progressive disease. Monitoring for progression is advised. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (ie secondary to tachycardia, volume changes, etc). Given these findings and a normal LA dimension, no medications are indicated.

No cardiac contraindication for general anesthesia; however, mild IV fluid restriction is advised. 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).



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Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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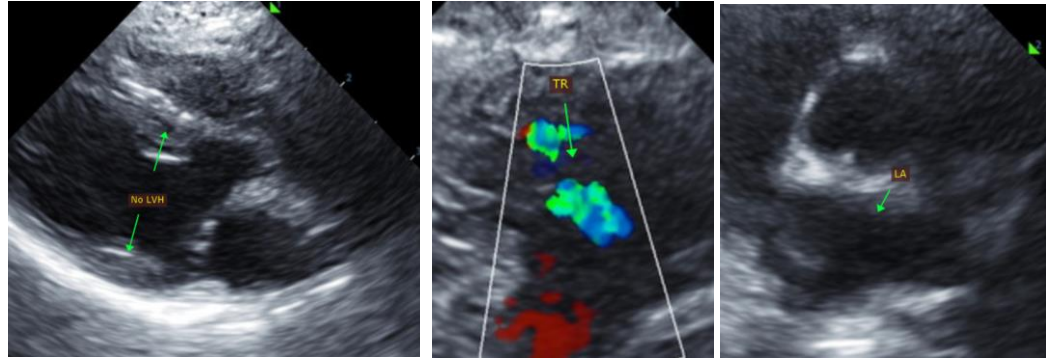
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IMAGES



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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 info@sonopath.com

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