

PATIENT
Keats Breau

PRESENTING CLINICAL SIGNS

History: Keats was noted to have a heart murmur in August. He is doing very well at home and needs to be neutered. Good appetite and energy - playful. CV/RESP: NSR , grade II/VI murmur noted best on sternum, PSS, lung fields clear. *Sedated with propofol for exam.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
DSH

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

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

SEX

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

Male Intact

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE

Right ventricle: The RV walls appear normal with no evidence of pressure overload.

10 months

Right atrium: The right atrium is normal.

Tricuspid valve: The tricuspid valve appears normal with no obvious tricuspid regurgitation.

WEIGHT

7.63lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve appears thickened and tethered consistent with dysplasia. The MPA is not significantly dilated and there is no obvious post-stenotic dilation. The velocity through the pulmonic valve is normal; however, this may be falsely decreased due to heavy sedation. The bifurcation of the branch pulmonary arteries cannot be visualized with presumably only a right branch being seen. The right branch appears mildly increased in size. Mild PI.

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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.41
LVID diastole (cm)	1.6
PW thickness (cm)	0.45
LVID systole (cm)	0.7
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.2
TR PG (mmHg)	16

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

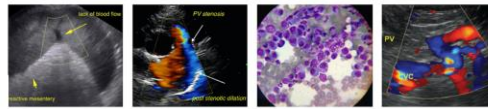
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DATE

10/13/21

INTERPRETATION OF THE FINDINGS

The cause of the murmur is suspected to be elevated flow velocity through the pulmonic valve and distal pulmonary artery. Although this is not confirmed on exam, the appearance of the valve is abnormal and likely reflects mild dysplasia/stenosis which may be underestimated due to heavy sedation. That being said, the right heart appears largely normal without evidence of significant pressure overload indicating a mild abnormality. It is also worth noting that the bifurcation of the pulmonary artery is unable to be visualized with a prominent right branch. This may be a normal variant, or may suggest some abnormal peripheral vasculature and an advanced imaging such as an Angiogram may be useful. In totality however, the disease appears hemodynamically insignificant (at least at



PATIENT this point), given a lack of significant right heart changes. No additional issues are identified.
Keats Breau

SPECIES These findings are unusual in a cat; however, the overall mild nature would suggest a relatively good prognosis. Based upon what we have here, no obvious indication for Atenolol or other therapy at this time.
Feline

BREED Prognosis is open prior to assessing for progression in the future.
DSH

RECOMMENDATIONS

- No medications are indicated.
- Consider referral for advance echocardiography and/or an Angiogram if desired.
- If elected, referral should be performed prior to anesthesia.
- If referral declined, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, abdominal distention, syncope, and/or signs of a blood clot event (paralysis, neurologic changes, etc.). Mild exercise restriction is advised.

SEX
Male Intact

AGE
10 months

WEIGHT
7.63lbs

PLAN
If referral is declined, a recheck echocardiogram in 6-12 months (ideally without sedation), to assess for progression and need for medications, sooner if clinical issues arise.

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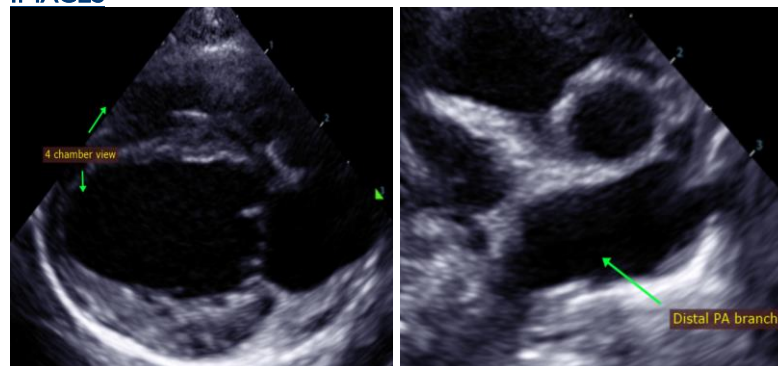
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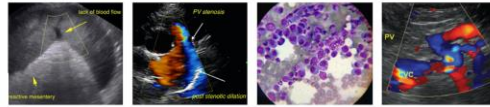
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IMAGES





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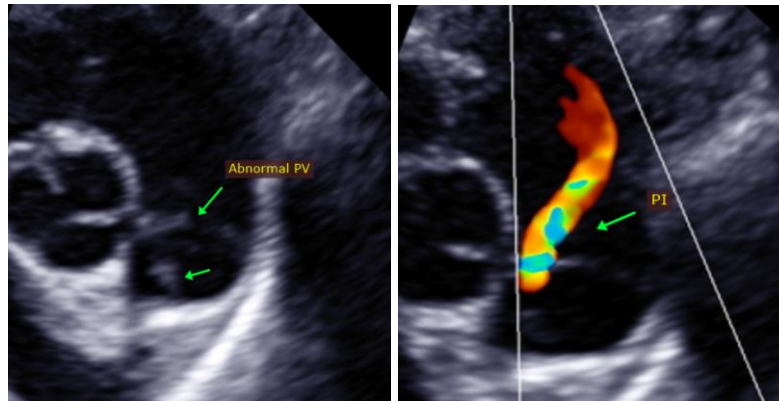
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)