



PATIENT
Tippy Pizzano

PRESENTING CLINICAL SIGNS

History: Grade I/VI murmur; gallop rhythm. Sedated with torb/ alfaxalone.
Blood pressure: 140-150mmHg

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 dimensions are largely normal. Discrete region of thinning along the LV apex (see below) that appears hypokinetic. There is mild fibrosis of the endocardium. False tendon. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX
Female Spayed

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. Mild central MR.

AGE
13 years

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

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

WEIGHT
8.3lbs

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no 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 170bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.48
LVID diastole (cm)	1.2
PW thickness (cm)	0.42
LVID systole (cm)	0.74
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

INTERPRETATION OF THE FINDINGS

The most significant abnormality appreciated is a region of apical thinning that appears to have decreased wall motion. This is essentially an incidental finding as this does not contribute to murmur intensity, although may lead to generation of a gallop. An prior infarct is possible, or potentially this reflects early RCM pathology. Regardless, the region is relatively small, and the clinical significance is unknown. The only cause of a murmur potentially identified is mild mitral regurgitation which may or may not be heard on exam. Regardless, the LA is normal indicating low risk for complication from both abnormalities.

REFERRING VET

Dr. Poor

Prognosis is guarded going forward. There may be some predisposition to development of arrhythmias and/or progressive LV dysfunction over time. Follow up is advised.

INVOICE
21550

RECOMMENDATIONS

- Given these findings, no medications are indicated.

DATE
10/15/21



PATIENT
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- 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).

SPECIES
 Feline

PLAN

- Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

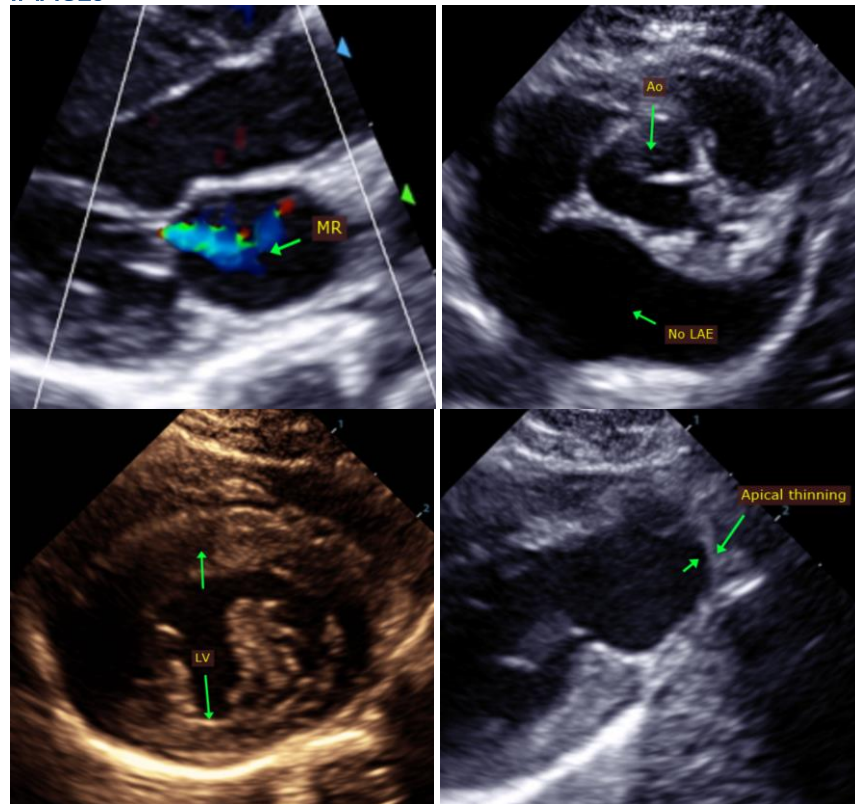
BREED
 DSH

IMAGES

SEX
 Female Spayed

AGE
 13 years

WEIGHT
 8.3lbs



INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Norfolk County
 Veterinary Service

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.

REFERRING VET
 Dr. Poor

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.

INVOICE
 21550

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

DATE
 10/15/21