



## PATIENT

Sparkle Queen

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

2 years

## WEIGHT

13.2lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

T. Tenorio, DVM

## HOSPITAL NAME

Wauwatosa Vet

## REFERRING VET

Dr. Haynes

## INVOICE

21586

## DATE

10/19/21

## PRESENTING CLINICAL SIGNS

History: Murmur ausculted during exam in July. Grade III/VI left sided systolic murmur. ProBNP was normal =81 (0-100). Blood pressure average: 135mmHg

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly. No obvious evidence of CHF.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity (5.8m/s). Mild LV dilation with adequate myocardial function. LV walls are normal in diameter with diffuse remodeling. Slight increase in LV sphericity. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	NM	0.46	2.1	0.41	49	84
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.4		1.1	0.7	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

The cause of the murmur is moderate mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth), secondary to abnormal valve motion (SAM/HOCM) or represents age-related degeneration as is seen in dogs. The valve appears thickened in a young cat, making a primary dysplastic issue most likely. No obvious LVOTO is identified secondary to the abnormal valve; however, this should be monitored going forward. Regardless, the LA is only mildly dilated, putting this patient at low risk for issues at time. There is normal wall thickness, ruling out typical hypertrophic disease. Serial echocardiography will be helpful to confirm the diagnosis and assess for progression.

Going forward there will always remain risk for progression to CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best



**PATIENT**

Sparkle Queen

way to screen for recurrent CHF at home. Long term prognosis with LA dilation is guarded, however most are able to maintain a good quality of life on medications.

**SPECIES**

Feline

Given the patient is asymptomatic with only mild left atrial enlargement, institution of medications is debatable. If the patient is easily medicated, Pimobendan may be reasonable albeit this is off label use in cats. No additional medications are clearly warranted at this time.

**BREED**

DSH

Anesthetic risk is mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. If you elect to proceed, institute the medications 1 week prior and reassess renal values/BP prior to proceeding. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor.

**SEX**

Female Spayed

**PLAN**

If elected, institute Pimobendan 1.25mg PO q12h.

**AGE**

2 years

A recheck echocardiogram is recommended in 6 months to assess for progression.

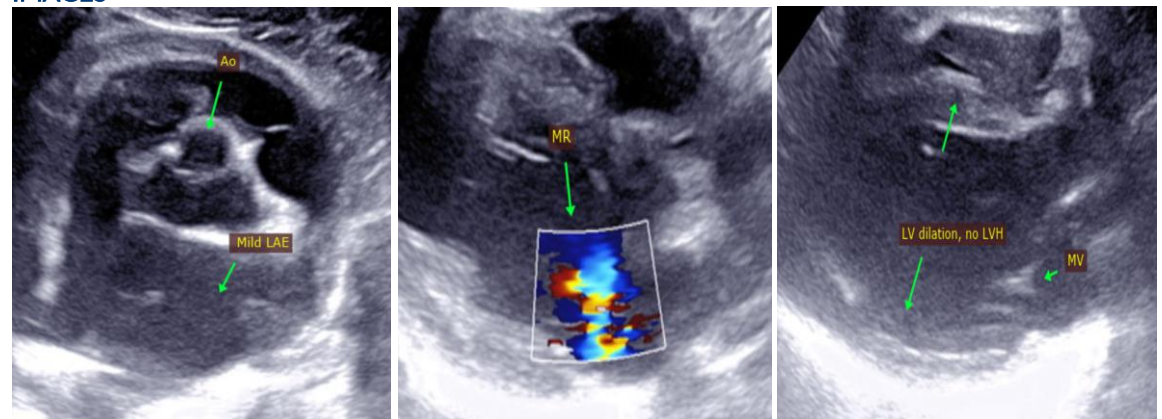
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**IMAGES**

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(Cardiology)



**IMAGING PERFORMED BY**

T. Tenorio, DVM

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.

**HOSPITAL NAME**

Wauwatosa Vet

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.

**REFERRING VET**

Dr. Haynes

Maggie Machen Lamy, DVM  
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