



PATIENT

Taylor Lanark

SPECIES

Feline

BREED

DLH

SEX

Male

AGE

2 years

WEIGHT

9.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Mills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

26987

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: Stray - presented for shelter intake. Grade II-III systolic HM PMI left side.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The anterior leaflet of the MV appears mildly elongated with abnormal motion seen on 2D imaging. No obvious LVOTO appreciated. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal. There is trivial mitral regurgitation. No AI or PI. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) (Moise, Pipers) | LVIDd (cm) (Moise, Pipers) | LWVd (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 | 4.5 | NM | 0.62 | 1.47 | 0.44 | 52 | 86 |
| 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 | NM | 1.1 | 1.1 | | 1.4 | 1.0 | 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 only cause of the murmur identified is mitral valve dysplasia, potentially leading to a mild dynamic LVOT obstruction, secondary to abnormal valve movement. This is speculative as confirmation was not seen in this image set. Assuming the patient was not sedated, this is difficult to explain. Regardless, only focal LV thickening is appreciated and no LA enlargement. In a 2-year-old cat, monitoring is advised to screen for clinical significance; however, concern at this time is low.

In patients with a persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and a normal left atrial dimension and lack of an obvious obstruction, no medications are clearly indicated.

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction.

A recheck echocardiogram is recommended in 12 months, sooner if any clinical signs arise.



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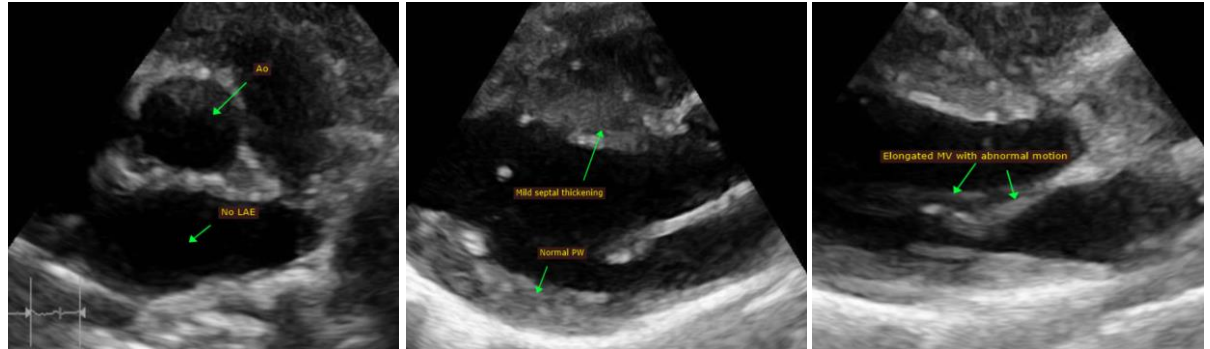
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IMAGES



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.

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