

**PATIENT**

Mimzi Kerns

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

12.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

21616

**DATE**

10/20/21

**PRESENTING CLINICAL SIGNS**

History: Referred for a heart murmur noted in August. Bloodwork at that time revealed a low thyroid level (normal on recheck one month later) and an elevated ProBNP level of 164. Mimzi is doing well at home with a good appetite and no C/S/V/D/PU/PD. Her activity level remains normal. CV/RESP: NSR, grade II/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 160-170mmHg. No medications. \*No sedation for study.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. The endocardium is irregular. A small tethered yet mobile ridge of tissue is seen associated with the LVOT; suspected to be causing an intermittent LVOTO.

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

**Mitral valve:** The mitral valve is normal in structure and mobility. No systolic anterior motion is seen with no mitral regurgitation.

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

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

**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 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.45
LVID diastole (cm)	1.4
PW thickness (cm)	0.49
LVID systole (cm)	0.6
FS (%)	57

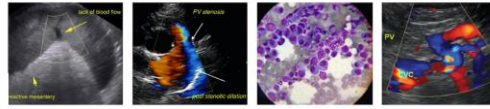
**Doppler Measurements**

PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.56
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal structure and function are documented in this study. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure. The murmur is suspected to be due to an abnormal tethered piece of tissue associated with the LVOT (see below), which is likely causing an intermittent LVOTO depending on heart rate. The obstruction appears insignificant however, given a lack of LV hypertrophy. Follow up is advised to ensure no progressive pressure overload is identified.

Prognosis is open prior to monitoring for progression.



**PATIENT**

Mimzi Kerns

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

12.5lbs

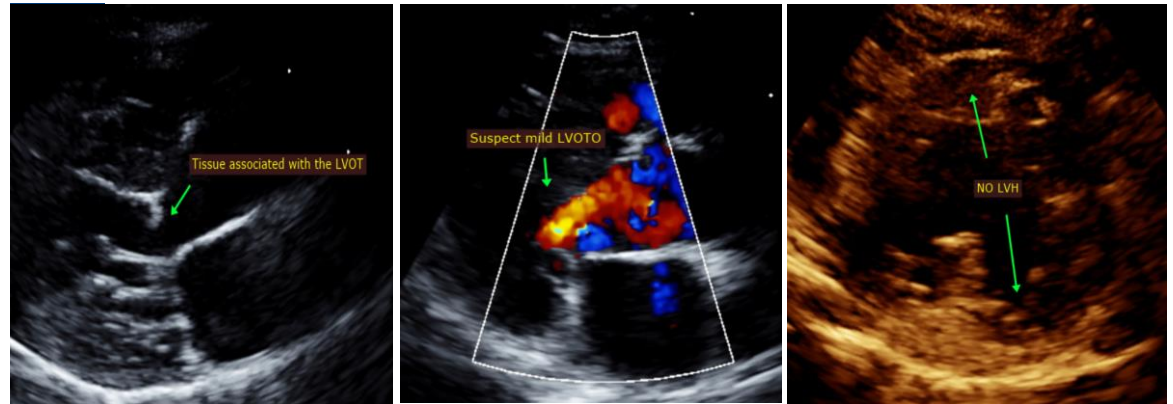
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Avoid heart rate stimulating drugs such as Atropine unless clinically indicated.
- Monitor for any change in breathing rate or effort, or signs of a blood clot event.

**PLAN**

- Recheck echocardiogram is recommended in 6-12 months to screen for progression.

**IMAGES**



**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

21616

**DATE**

10/20/21

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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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