



PATIENT

Bella Salamone

PRESENTING CLINICAL SIGNS

History: Increase in RR over past few weeks. Murmur had progressed to grade 3, audible on both sides, RR 60 with intercostal indrawing.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Non-diagnostic study. What can be said is there is right atrial enlargement. The right ventricular appears enlarged as well. No LV hypertrophy with adequate myocardial function. High velocity flow is identified on color flow and spectral doppler; however, the exact origin is not visualized. Concern for a large VSD and/or an endocardial cushion defect. The MPA is not visualized. No effusions are seen. No tumors seen.

BREED

DSH

SEX

Female Spayed

CARDIAC CHART

AGE

6 years

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	5.9	165	0.46	1.14	0.42	51	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	1.4	NM	NM		NM		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.

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex congenital heart disease is suspected without a definitive diagnosis. What can be said is the right heart enlargement. This may reflect an intra-cardiac shunt (suspected); however, this is purely speculative. High velocity flow is identified; however, the origin is not apparent. Standard imaging is unable to be obtained and referral should be elected.

HOSPITAL NAME

Grand River Animal
Hospital

REFERRING VET

Dr. Hornak

Respiratory signs in this patient should be evaluated through chest radiographs independent of the cardiac diagnosis or lack thereof. If there is evidence of CHF, treatment should be initiated immediately. If respiratory disease is present, this would suggest a separate issue. This can be dictated by the CXR and should not wait for echocardiogram referral.

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If referral is declined, anesthesia should certainly not be performed. This patient is at high risk for complications.

DATE

10/22/21

PLAN

Immediate referral is advised to determine definitive diagnosis and treatment plan. If declined, CXR should be obtained with institution of diuretic therapy if indicated.



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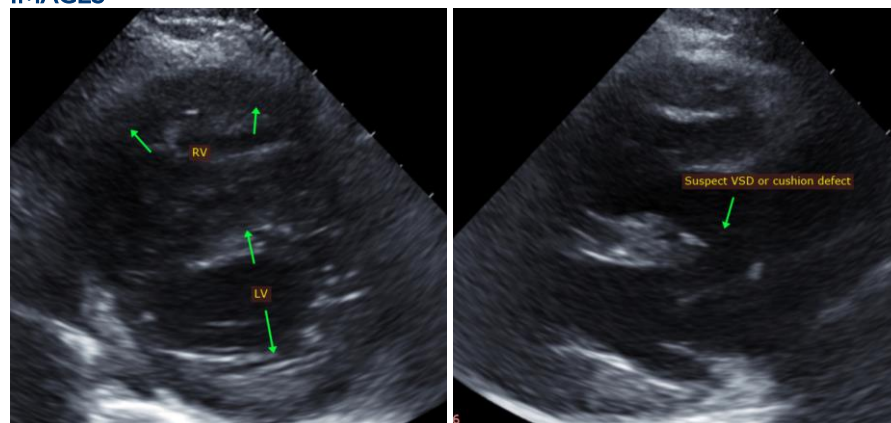
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IMAGES



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.

Maggie Machen Lamy, DVM
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