


**PATIENT**

Buddy Pollock

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur. Asymptomatic. Presented for drooling. Sedated for scan butorphanol IV.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium remodeling and fibrosis with regions of irregularity. The papillary muscles are hyperechoic and asymmetric with significant remodeling. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

**BREED**

DSH

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

15 years

**WEIGHT**

7.7lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Dr. Belan, DVM

**HOSPITAL NAME**

Aspen Animal Clinic

**REFERRING VET**

Dr. Sekhan

**INVOICE**

27098

**DATE**

10/25/22

| 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                   | 3.5              | 190                             | 0.44                                     | 1.2                        | 0.45                      | 61             | 93          |
| 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                   | 1.2              | 1.0                             | 1.0                                      |                            | 0.8                       | 0.8            | 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**

Overtly normal geriatric cardiac structure and function. The LV and papillary muscles are significant remodeled with regions of fibrosis. This may be a normal age-related variant; however, early cardiomyopathy cannot be ruled out. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated.

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).

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



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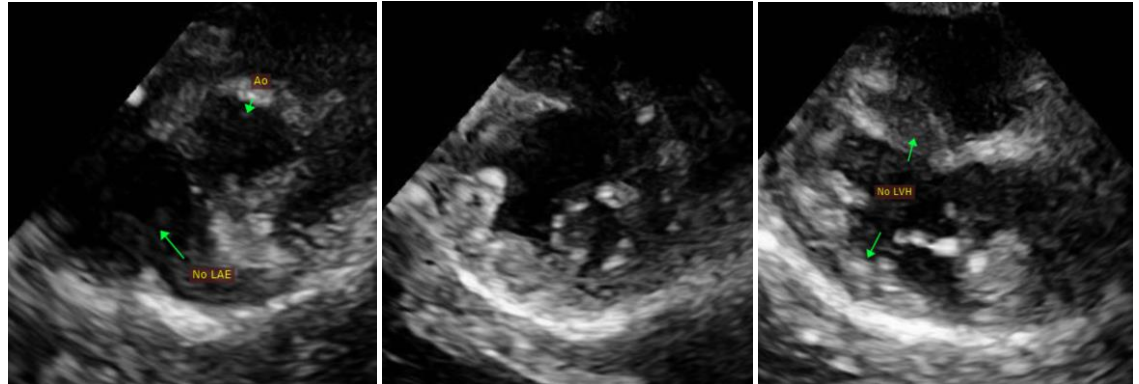
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**IMAGES**



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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