



PATIENT
Tinsley Hutchinson

SPECIES
Feline

BREED
Sphinx

SEX
Female Spayed

AGE
2 years

WEIGHT
5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
27093

DATE
10/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function on prior study to assess a murmur (9/23/20 MML). Tinsley has had 2 episodes (one August, one September) of labored breathing. Taken to ER - calmed down while waiting, so was taken home both times. Frequent vomiter. Good appetite and energy level. Grade II/VI heart murmur; clear lungs. Unable to obtain blood pressure. *Sedated with propofol for study.
-Pertinent previous echo measurements: LA 0.9cm; LA:Ao 1.3; LV 1.3 cm; IVS 0.36cm; PW 0.36cm. NSR grade II/VI murmur with PMI left apical area PSS lung fields clear compressible thorax

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. The papillary muscles are normal. The endocardium appears normal.

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 obvious systolic anterior motion is seen. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 trace 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 190bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.41
LVID diastole (cm)	1.37
PW thickness (cm)	0.48
LVID systole (cm)	0.9
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.44
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. No significant LV hypertrophy is identified and both atria are normal. No obvious cause for the murmur is appreciated, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). No additional issues are identified.

These findings do not explain episodes of labored breathing. Primary respiratory issues are considered more likely and baseline CXR may be useful for future comparison.



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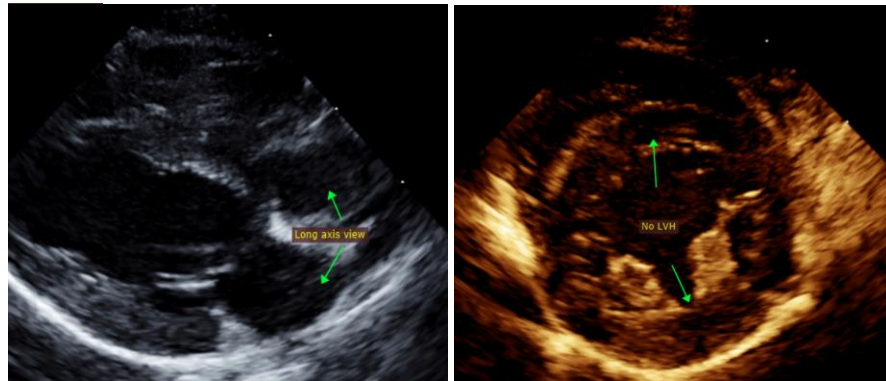
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Consider baseline CXR as discussed.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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HOSPITAL NAME

Mass Veterinary Services

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

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