

PATIENT

Little Elon Moskal

SPECIES

Feline

BREED

Persian

SEX

Female Spayed

AGE

1.5 years

WEIGHT

7.69lbs

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

21723

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Little Elon was seen at rDVM for dysuria and hematuria. Whole body radiographs revealed cardiomegaly. He was adopted with respiratory issues/herpes virus. Elon was on Origin then switched to S/O diet, which he didn't like so back to Origin. Has had dysuria---straining, hematuria the past few days. He is eating well at this point with no C/S/V/D. Grade I/VI murmur. BP: 180mmHg x 4.

-Current medications: 1) Erythromycin right eye daily 2) Lidocaine on oral cyste 3) Buprenorphine 0.3mg/ml 0.1 ml twice a day 4) Famciclovir 250mg 1/2 tab twice a day.

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 largely normal. The endocardium appears normal. The papillary muscles are mildly hyperechoic.

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.

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 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.4
LVID diastole (cm)	1.7
PW thickness (cm)	0.37
LVID systole (cm)	0.8
FS (%)	53

Doppler Measurements

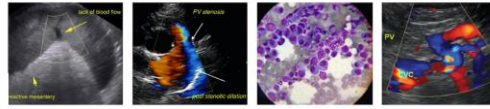
PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.91
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No congenital abnormalities are identified, such as significant valve dysplasia or cardiac shunts. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.



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- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

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PLAN

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

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Persian

IMAGES

SEX

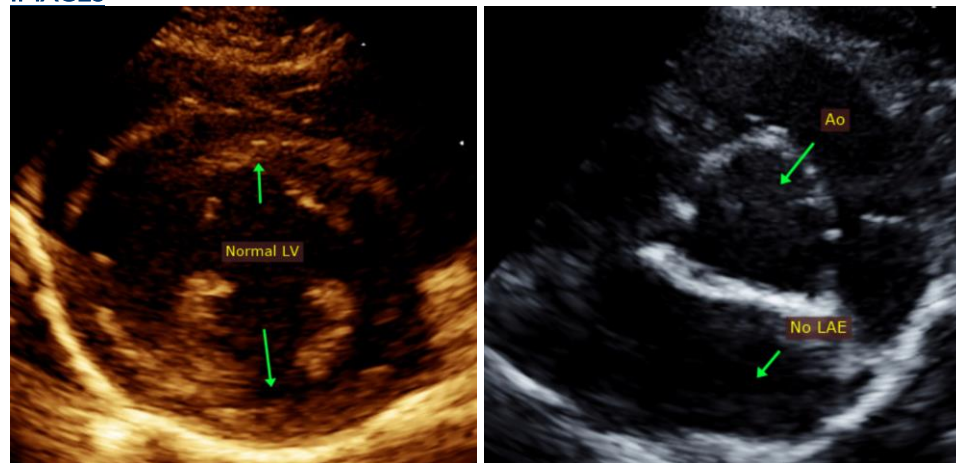
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

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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HOSPITAL NAME

Mass Veterinary
Specialty Services

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

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