



PATIENT

Belle Cortlland

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6 years

WEIGHT

8.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Miller

INVOICE

21339

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 5/6 heart murmur. Was on pimobendan for a few months but became wobbly. She is doing much better off of medication.
-Pertinent previous echo findings (10/2020 MML): VSD: L to R 5.25m/s, LVE: 2.37cm, mild LAE: 1.45cm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal without significant hypertrophy. The LV chamber is moderately increased in diastole with increased sphericity. A perimembranous VSD is visualized on 2D imaging. The shunt is left to right; however, velocity is not measured. The left atrium is moderately dilated with a horizontal component. No obvious spontaneous contrast. The right atrium is normal. No TR. The right ventricle appears normal. The MPA appears mildly dilated. The mitral valve is normal in structure and mobility. Blood flow through the PV is mildly increased in velocity consistent with relative stenosis. Additional shunts cannot be ruled out in this study; however, suspicion is low. There is no pleural or pericardial effusion seen.

CARDIAC CHART

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	3.8	143	0.33	2.1	0.31	43	80
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	1.5	1.6	1.46		2.2	1.95	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

Largely unchanged congenital disease. The VSD is visualized in this study; however, the max velocity is not recorded. The LA and LV dimensions both remain increased; however, there is no obvious progression from previous. Mild relative pulmonic stenosis is unchanged and no additional issues are identified. Referral remains recommended as the gold standard approach to any congenital case.

Given moderate LA and LV dilation, there is still concern for progression to CHF despite relative stability. The previous medications are still the recommendation, potentially at a lower dose or compounded formula if side effects were identified. An intermittent arrhythmia is noted throughout the study and **an ECG is strongly recommended**. Finally, a baseline blood pressure should be monitored going forward.



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Prognosis remains guarded long-term with risk for progression to congestive heart failure, development of arrhythmias, and/or sudden death in the future.

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Elective anesthesia is not advised.

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PLAN

Consider referral as previously recommended. ECG recommended. Recommend institution of Plavix (1/4 of a 75mg tablet PO q24h – this medication is bitter along the cut edge). Consider reattempt Pimobendan as previously discussed 0.625mg PO q12h. Consider institute ACE-I 0.5mg/kg PO q12h once the BP is documented >130mmHg.

SEX

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Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

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Recheck echocardiogram in 6 months, sooner if any clinical signs arise in the interim.

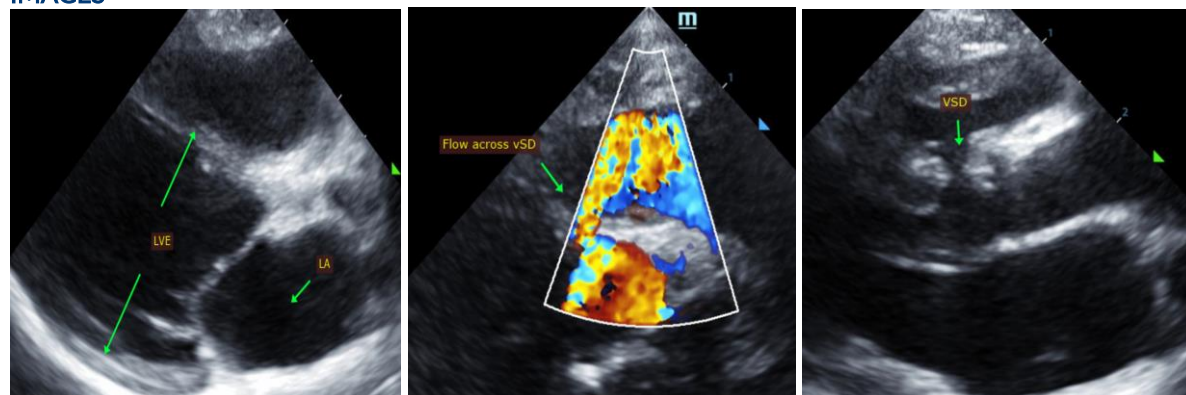
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

SVS Imaging

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.

REFERRING VET

Dr. Miller

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