



PATIENT

Trinity King

SPECIES

Feline

BREED

Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

6.33kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Gumley

INVOICE

21330

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: Presented for 5-week history of weakness/limping in LH leg, sometimes will drag hind legs. Seems to be improving with gabapentin; now is not limping anymore. Stifle US and hip/stifle radiographs were normal.

-Abnormal PE/Chem/CBC/UA Results: Grade 3/6 systolic (new) heart murmur noted on initial exams, no respiratory issues. No evidence for thrombotic event (cyanosis of toes, swollen muscles, etc.). CBC normal, SDMA = 19, T4 normal, other chemistries normal; UA sp gr = 1.009.

-Sedation: Butorphanol 0.2 mg/kg IM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are remodeled. The left atrium is normal in size. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. No obvious LVOTO seen on 2D or color flow imaging. No obvious SAM. Trace MR. No obvious cause for the murmur is identified. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.33	NM	0.45	1.45	0.44	59	94
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	NM	1.2	1.2	NM	1.2	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 cardiac structure and function. There are normal LV dimensions with fibrosis, which is likely an age-related change. No 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, no medications are indicated at this time.

These findings would make a cardiogenic thrombus highly unlikely as the cause of clinical signs. Consider other possibilities, including a non-cardiogenic thrombus, orthopedic/neurologic issue, etc.



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The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine/glycopyrrolate should be avoided unless medically necessary. With any degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and mild IV fluid restriction is recommended should it be needed.

SPECIES

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Monitor at home for any evidence of significant cardiac compromise, including respiratory changes or signs of a blood clot event.

BREED

Mix

Recommend recheck assessment for any progression in 12 months, sooner if clinical signs arise.

SEX

Female Spayed

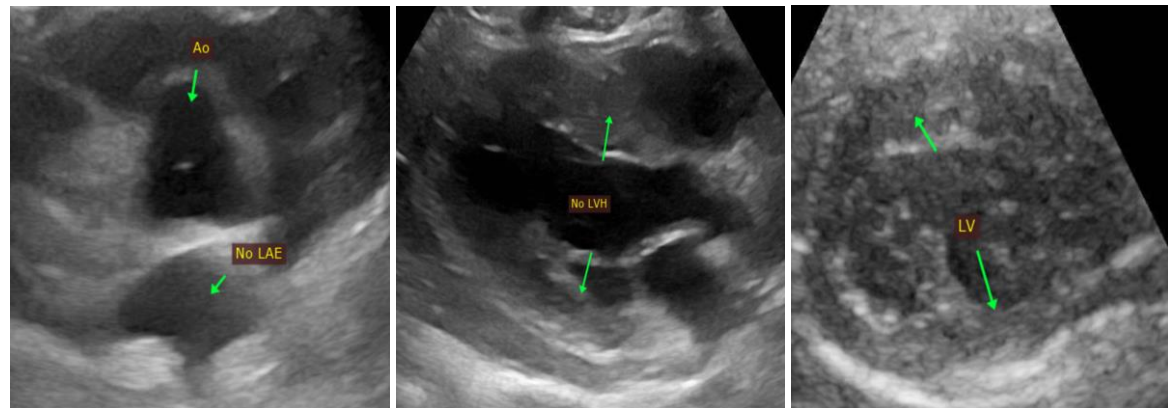
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IMAGES



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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

Nigel Gumley, DVM

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.

HOSPITAL NAME

Cedarview Animal
Hospital

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