

PATIENT

Suzy Largey

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9 years

WEIGHT

7.62lbs

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

21346

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function on prior echocardiogram performed to evaluate a heart murmur and cough. Reassessing murmur origin. Current presentation: Suzy has a voracious appetite. She was coughing recently and had whole body radiographs which revealed no thoracic abnormalities but some possible liver masses (ultrasound did not confirm), renal mineralization and a potential pyelonephritis. She was started on prednisone as well as an antibiotic which resolved the coughing. CV/RESP: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 120mmHg x 3.
-Pertinent previous echo findings (3/2021 MML): LA 1.1 cm; LA:Ao 1.4; LV 1.14 cm; IVS 0.38 cm; PW 0.37 cm. *Sedated with propofol.

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. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and 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 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 150bpm.

2-Dimensional Measurements

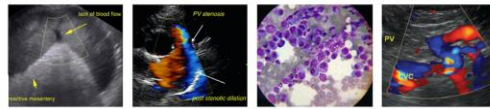
Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.40
LVID diastole (cm)	1.2
PW thickness (cm)	0.40
LVID systole (cm)	0.74
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.78
AoV Vmax (m/s)	0.57
MR Vmax (m/s)	NA
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function persists. The LV wall thickness remains normal with a normal left atrial dimension. Mild remodeling and fibrosis of the left ventricular wall is unchanged suggesting this a normal variant. No cause for the murmur is again apparent, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).



PATIENT Prognosis is open.

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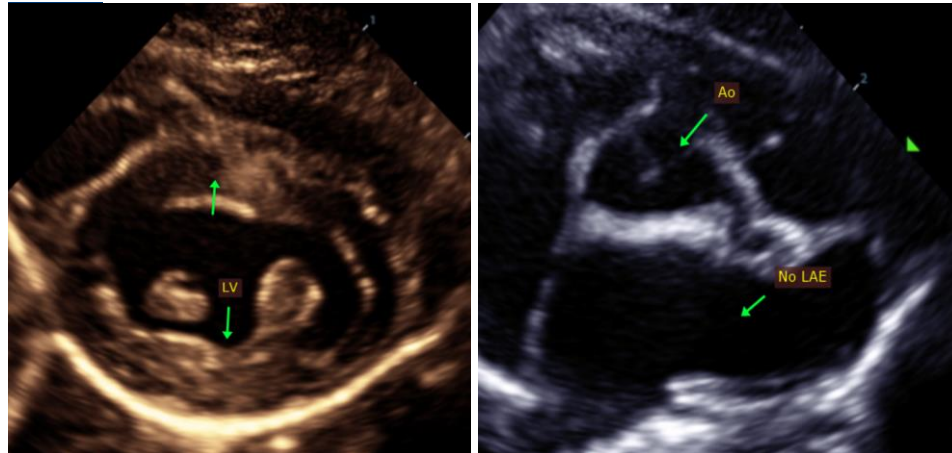
RECOMMENDATIONS

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

PLAN

- Recommend recheck echocardiogram annually to screen for disease the murmur may mask.

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