



PATIENT

Tucker Aria

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

6 months

WEIGHT

8.12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

PRESENTING CLINICAL SIGNS

History: Patient presents for a grade 3/6 systolic murmur; not clinical. No current medications.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall is normal. The tricuspid valve appears normal with trace tricuspid regurgitation present. Mild right atrial dilation. Mild right ventricular prominence. A fibrous ridge is visualized in the mid-RV consistent with a double chamber right ventricle. Flow can be seen accelerating through the region and through the pulmonary artery. Max pulmonary artery velocity is only mildly elevated, although velocity through the RV is not assessed. The PV appears normal. Mild post-stenotic dilation of the main pulmonary artery and peripheral branches. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.7	140	0.35	1.6	0.35	42	76
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	1.1	1.1	1.0		0.9	2.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is a ridge of fibrous tissue within the right ventricular consistent with a double chamber right ventricular (DCRV). This is unusual to see in small animals and leads to pressure overload of the proximal RV chamber and right atrium. The velocity through the stenosis is not assessed; however, only mildly elevated flows are seen through the pulmonary artery. Additionally, the right heart changes appear mild at this time which may suggest a mild stenosis. No additional issues are identified; however, small abnormalities are easily missed in juvenile cats. Highly recommend referral in this unusual case to ensure the diagnosis and severity is accurate.

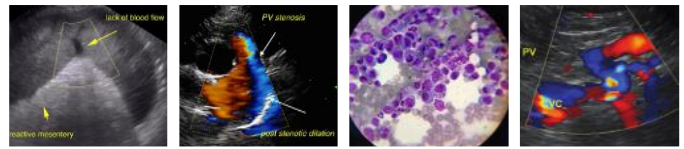
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DATE

10/6/21

Given the unusual nature of this finding, prognosis is open long-term. If the degree of obstruction remains mild the patient may have a normal life free of complication. Atenolol may be indicated going forward; however, with only mild changes seen here I would institute this at this time. Referral may change this plan based upon the severity of the issue.



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If needed, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.

SPECIES

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

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PLAN

Referral is recommended. If declined, a recheck echocardiogram is recommended in 6 months to screen for progressive changes and need for Atenolol therapy.

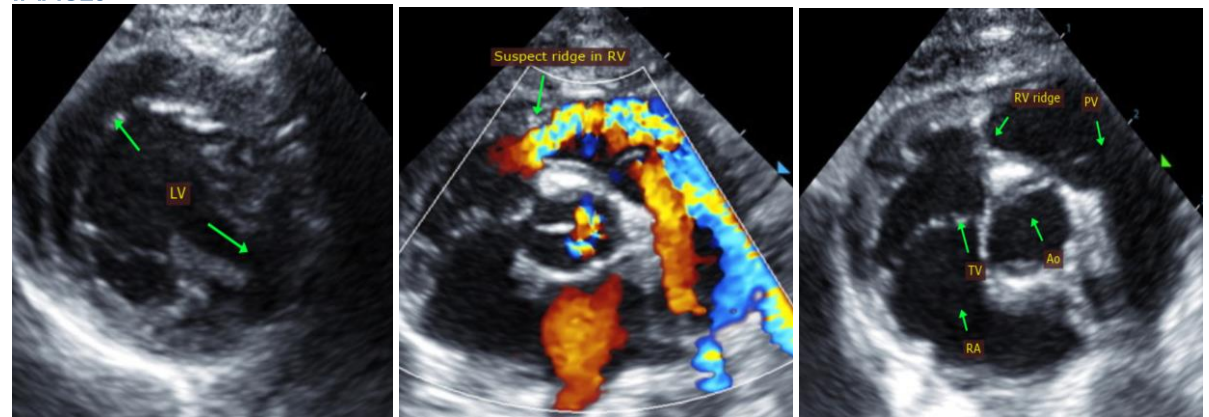
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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

Animal General on
Hudson

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REFERRING VET

Dr. Ng

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