

PATIENT PRESENTING CLINICAL SIGNS

LaGrange Skinner

History: Grade III/VI systolic murmur; no clinical signs. Echocardiogram prior to spay. BP: 132, 138mmHg.

SPECIES ECHOCARDIOGRAM FINDINGS

Feline

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal. A small perimembranous ventricular septal defect (VSD) is visualized. The flow is left to right.

SEX

Female Intact

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE

3 years

Right ventricle: The RV appears normal with no evidence of hypertrophy.

Right atrium: Normal RA 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 210bpm.

WEIGHT

11lbs

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.55
LVID diastole (cm)	1.3
PW thickness (cm)	0.53
LVID systole (cm)	0.5
FS (%)	65

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

INTERPRETATION OF THE FINDINGS

A small perimembranous ventricular septal defect (VSD) is identified as the cause of the murmur. The defect is small in dimension, with high velocity left to right flow. There is no evidence of left heart volume overload or relative pulmonic stenosis at this time.

Assessment of progression in the future will help predict long term prognosis, which is generally good with this size defect. Most small congenital shunts are able to live a normal life free of medications.

It is important to note that no medications have been shown to alter outcome in sub-clinical feline heart disease prior to CHF. Given the good prognosis with a small defect, there is no obvious indication for medications.

Prognosis is open long-term.

INVOICE

21443

RECOMMENDATIONS

- No medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

DATE

10/9/21

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Pine Banks Animal
 Hospital

REFERRING VET

Dr. Syed



PATIENT
 LaGrange Skinner

- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Monitor for any breathing change, signs of a blood clot event, or collapse episodes going forward.

SPECIES
 Feline

- PLAN**
- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

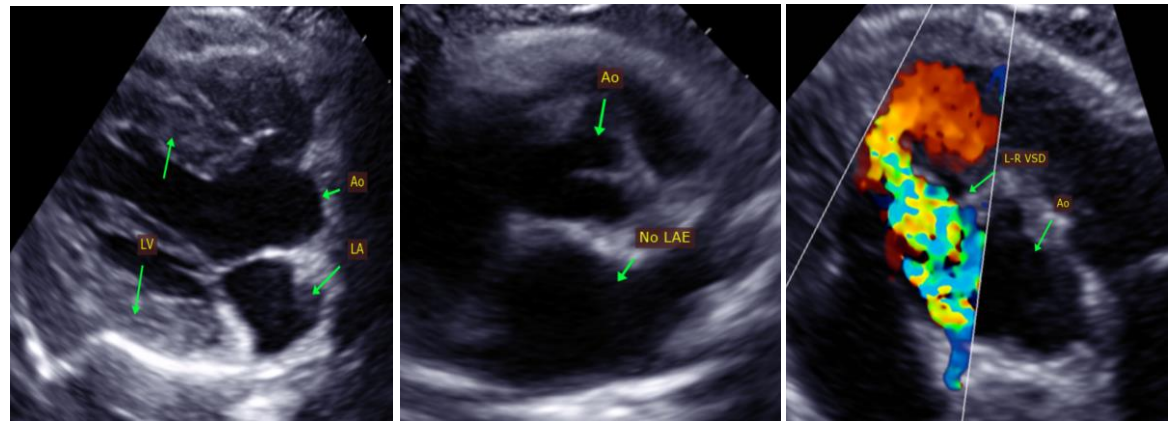
BREED
 DSH

SEX
 Female Intact

AGE
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WEIGHT
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IMAGES



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 Lamy, DVM
 DACVIM (Cardiology)

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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