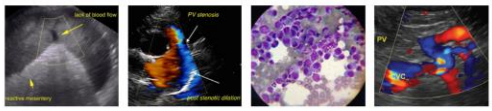


PATIENT
Shala Finney

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
10 years

WEIGHT
11.2lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
New England Animal Medical Center

REFERRING VET
Dr. Fernandez

INVOICE
21808

DATE
11/1/21

PRESENTING CLINICAL SIGNS

History: Presented to the ER for lethargy, anorexia, and vomiting x 3 days. On exam, grade I/VI murmur; good/synch pulses; N BV sounds, soft/non-painful abdomen; no obvious masses/organomegaly. Radiographs: mediastinal mass vs enlarged lymph node, cystic calculi. Having bi-cavity ultrasound exams.

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 borderline normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal in dimension. No obvious smoke.
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 no tricuspid regurgitation.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. A dynamic RVOTO is suspected on color Doppler.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses. Cranial to the heart is a fluid-filled lesion; 2.5 x 3.7cm.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.54
LVID diastole (cm)	1.6
PW thickness (cm)	0.51
LVID systole (cm)	0.81
FS (%)	50

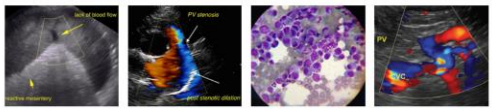
Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	0.81
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is borderline with may reflect early hypertrophic disease or may be a normal variant. Regardless, there is no evidence of elevated left atrial pressure at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal for a geriatric cat. The only cause of a murmur identified in this study is a dynamic RVOT obstruction, which is a physiologic finding (i.e., secondary to tachycardia, volume changes, etc.) and not typically associated with structural disease.

The lesion seen on chest radiographs is identified as a fluid-filled lesion, most consistent with a mediastinal/branchial cyst. These can be seen in cats and are typically benign and



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non-progressive. In this cat this is considered an incidental finding. FNA can be considered to confirm, and drainage should be considered should the lesion increase significantly in dimension or presumably lead to space-occupying respiratory issues.

These findings would suggest the current clinical signs are non-cardiac in origin, and full systemic evaluation is advised.

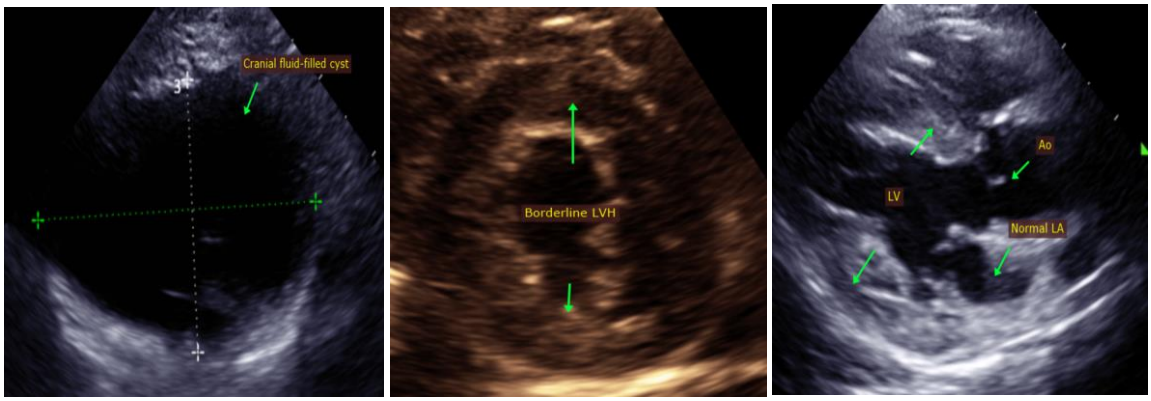
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- 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 in 6-12 months to reassess lesion size and screen for development of disease the pre-existing 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.

Maggie Machen Lamy, DVM
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