



PATIENT

Sage Maloy

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

~7 months

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Meredith Swart,
DVM

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

22066

DATE

11/17/21

PRESENTING CLINICAL SIGNS

History: Patient presented for neuter. Heart murmur auscultated so neuter was postponed until echo could be performed. Patient is not clinical. Appears healthy. Rest of litter all healthy with no murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension. Normal papillary muscles. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT is normal in velocity; however, a dynamic obstruction is suspected on RVOT imaging. No obvious additional valve regurgitation seen. No obvious cardiac or extra-cardiac shunts. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	3.2	NM	0.46	1.17	0.42	50	94
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	NM	1.1	1.0		0.92	1.7	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

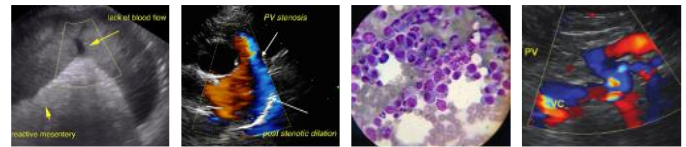
Overtly Normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left or right atrial pressure. The valve morphologies appear normal, and there are no obvious cardiac shunts. A dynamic RVOT obstruction is suspected, which is benign murmur origin; however, this is not confirmed. No obvious congenital defects are observed; however, it is important to note that ultrasound is not entirely sensitive for small shunts/abnormalities, particularly in a young cat. With any unknown murmur in a juvenile animal, consider referral to an attending Cardiologist for advanced diagnostics. That being said, clinical suspicion for significant issues is low in this case given a lack of chamber abnormalities.

Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia.

PLAN

Consider referral as discussed.



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If declined, recommend recheck echocardiogram in 1 year assuming the murmur persists sooner if clinical signs of cardiac compromise develop.

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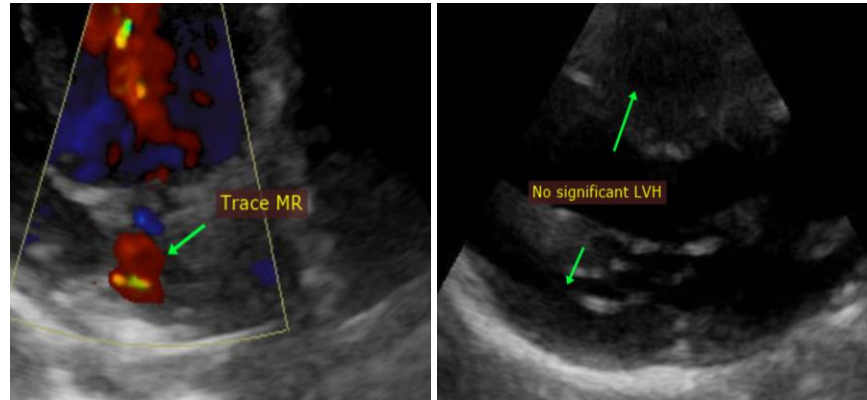
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IMAGES



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.

INTERPRETED BY

Maggie Machen Lamy,
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(Cardiology)

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