



DATE PRESENTING CLINICAL SIGNS

11.20.25 History: Presented for dental cleaning/anesthesia. Has been having diarrhea and seems to be hovering the water bowl. Grade 2/6 Parasternal heart murmur. pulses strong and synchronous. Eupneic, lungs clear. Unkept cote. Colitis.

PATIENT

Milo Antoine -Pertinent abnormal PE/Chem/CBC/UA Results: Elevated ProBNP. Superchem/CBC- NSF.
-Current medications: None.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results:

SPECIES

Feline

-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

BREED

DSH

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 180bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. The MEA is shifted right. No ectopic beats, pauses or dysrhythmias observed.

SEX

ECG diagnosis: Normal sinus rhythm. Right axis deviation.

MN

ECHOCARDIOGRAM FINDINGS

AGE

3.26.21

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium. The papillary muscles appear mildly remodeled. The left atrium is normal in size. The MV is normal in appearance with no systolic anterior motion seen. No significant MR. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. Blood flow through the RVOT is mildly elevated in velocity, likely secondary to tachycardia creating a benign outflow tract obstruction. No evidence of cardiac tumors or metastatic lesions on this scan.

WEIGHT

10.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

CARDIAC CHART

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Washington

INVOICE

45861

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0		0.45	1.2	0.48	46	82
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.3	1.2		1.2	1.6	NM

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

The only cause of a murmur identified is a heart rate dependent flow obstruction through the right ventricle (DRVOTO), which is a physiologic finding (i.e., benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. There is mild LV remodeling and fibrosis, which is likely a normal age-related finding. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. No LV hypertrophy is seen and the remainder of the study unremarkable.

The ECG is unremarkable with a normal sinus rhythm. A right axis deviation is a benign conduction abnormality, and no treatment is warranted.

These findings do not explain BNP elevation and alternative causes should be considered, such as systemic hypertension. A false positive is also possible.

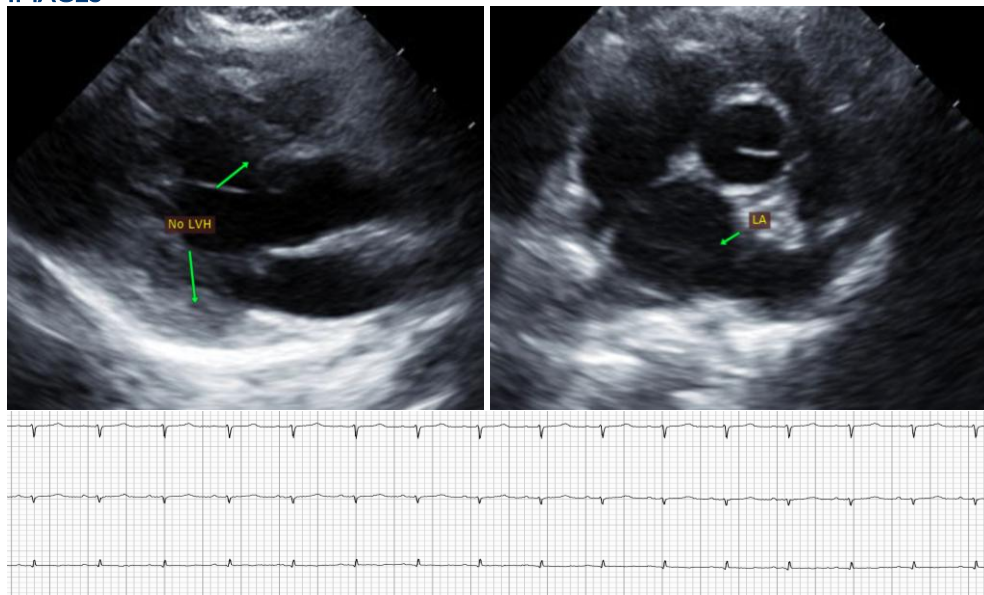
Given these findings, no medications are indicated at this time. Prognosis is good, without significant pathology seen.

If needed, the risk for general anesthesia is low.

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.

Recommend recheck echocardiogram in 1 year to assess for progression or 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com**