



## PATIENT

Zero Davison

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

17 years

## WEIGHT

12.6lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Jacque Pankatz,  
DVM

## HOSPITAL NAME

Mountain Vista  
Veterinary Hospital

## REFERRING VET

Dr. Pankatz

## INVOICE

27249

## DATE

11/3/22

## PRESENTING CLINICAL SIGNS

History: Initially presented for 5-day history of nasal congestion. Previous history of upper respiratory infections. Grade 3/6 left sided systolic heart murmur noted on physical exam. Not currently sneezing or coughing. Moderate facial swelling under left eye.

-Sedation: 0.2mg/kg butorphanol given IV.

-Current medications: 10-day course of Doxycycline with minimal improvement Just started trial of Clindamycin.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are mildly hypertrophied with diffuse remodeling. 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. Trivial AI. No effusions. No obvious cardiac tumors.

## CARDIAC CHART

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.7	NM	0.47	1.35	0.55	50	94
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	NM	NM	

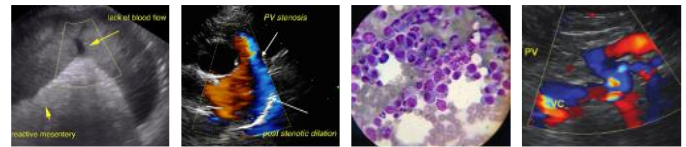
*\*Note: All measurements based upon multi-modal images and methods. An average value is reported.  
Adapted from June Boon, Veterinary Echocardiography, 1998  
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.*

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The papillary muscles are enlarged, which may suggest early HCM and follow up is advised. A small aortic leak is noted, and a baseline blood pressure is recommended. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

These findings would certainly suggest respiratory issues are noncardiac in origin.

Given these findings and a normal LA dimension, no medications are indicated.



**PATIENT**

Zero Davison

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

**SPECIES**

Feline

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**BREED**

DSH

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

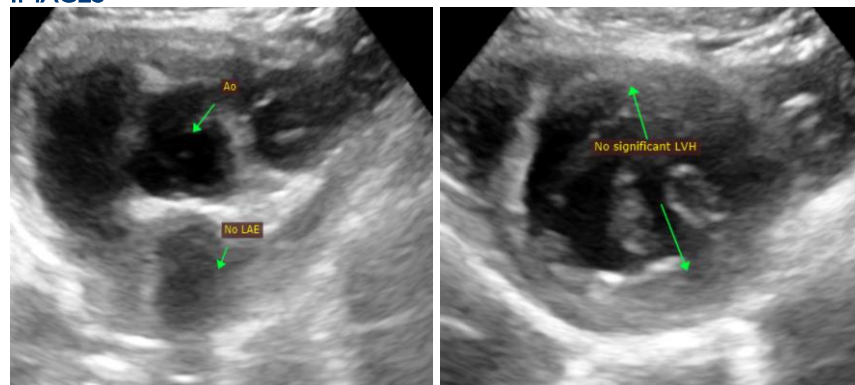
**SEX**

Male Neutered

**IMAGES**

**AGE**

17 years



**WEIGHT**

12.6lbs

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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Jacque Pankatz,  
DVM

**Maggie Machen Lamy, DVM**  
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