



DATE PRESENTING CLINICAL SIGNS

12.2.25 History: Heart murmur first noted 2/1/25. At that time, chest radiographs showed mild cardiomegaly. Currently murmur is grade 3/6 systolic with an ejection-like sound quality. Elevated BNP. Is fractious, no BP.

PATIENT

Susy Cortes

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11.26.09

WEIGHT

9lbs

INTERPRETED BY

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(Cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

45973

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.
Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is slightly decreased in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium appears minimally remodeled. Borderline LV dilation with increased sphericity and adequate function. Normal papillary muscles. The left atrium is slightly dilated with a bulbous appearance. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. Mild MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1		0.30	1.5	0.29	42	76
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	1.5	1.4	1.1	1.1	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

Mild abnormalities are identified in this exam. The LA and LV both appear slightly enlarged, which may explain the CXR appearance. The LV wall thickness is also slightly decreased, and an early form of restrictive cardiomyopathy is possible. Regardless, the overall changes are mild, suggesting risk for complication is low. No cause of the murmur is identified suggesting a physiologic origin.

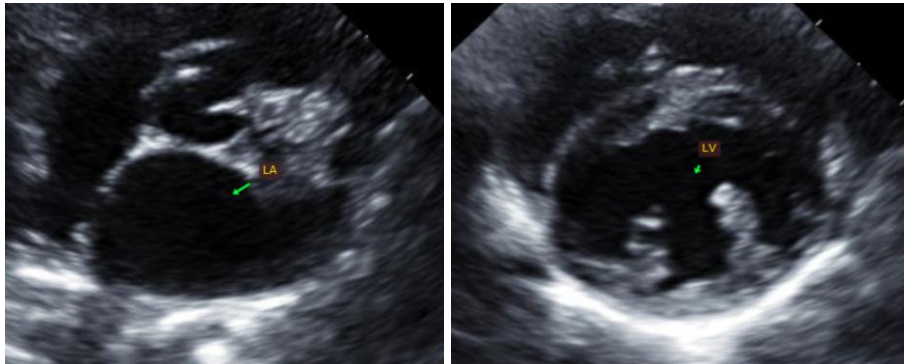
Given these findings, no medications are indicated as risk for complication at this time is low. Prognosis is guarded long-term until progression is assessed.

Mild changes may or may not be enough to explain BNP elevation. Other possible causes should be considered, such as systemic hypertension or renal disease. Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if any issues arise in the interim.

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.

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