



PATIENT

Noctis Monroe

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Male Neutered

AGE

3.5 years

WEIGHT

9.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

L. Mandeville, DVM

HOSPITAL NAME

BetterVet

REFERRING VET

Dr. Mandeville

INVOICE

27828

DATE

12/56/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Recent history of incontinence and urinary obstruction.
-Abnormal lab results: Elevated ProBNP: 294.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Mild papillary muscle hypertrophy. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is normal on color flow. Blood flow through the RVOT is normal in velocity. No AI/PI. No obvious cardiac tumors identified. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.1	NM	0.55	1.2	0.47	50	92
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	1.2	1.4	1.1		NM	0.8	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 dimensions are borderline, which may suggest early hypertrophic disease or may simply represent a normal variant. Follow up is advised. Regardless, the LA is normal which would indicate clinical stability at this time. Serial echocardiography will be necessary to determine progression. A screening BP and T4 are recommended every 6 months as possible contributing factors.

No medications are warranted at this time and prognosis is open.

Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.

No cardiac specific medications are indicated. Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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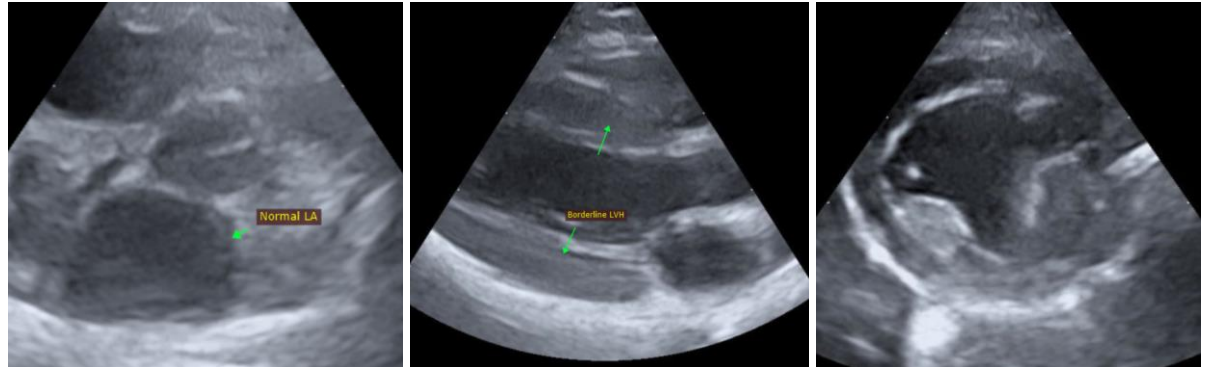
12/56/22

PLAN

Baseline BP and T4 are recommended every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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