



PATIENT

Binx Lampman

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4 years

WEIGHT

10lbs; 4.5kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Pine Creek Veterinary
Clinic

REFERRING VET

Dr. Nolet

INVOICE

22356

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Possible radiographic abnormalities. On steroids, assess safety.

ECHOCARDIOGRAM FINDINGS

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 normal. The endocardium is normal. The left atrium is normal in size. The right atrium is normal in size. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No AI/PI. 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	4.5	NM	0.5	1.4	0.44	39	73
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	1.3	1.1	1.1	0.6	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 with no evidence of significant LVH or atrial dilation. No significant valve leaks and flow through both great vessels is normal.

Given today's findings, there is no obvious contraindication for steroid or fluid therapy at this time. That being said, any cat carries some risk for acute intolerance of either approach, and monitoring of breathing rates is advised particularly during the initiation phase.

No cardiac contraindication for general anesthesia.

Monitor for any progress of her disease including a murmur, gallop, or development of respiratory signs.

Recheck echocardiogram should a murmur, gallop or signs of cardiac compromise be noted in the future.



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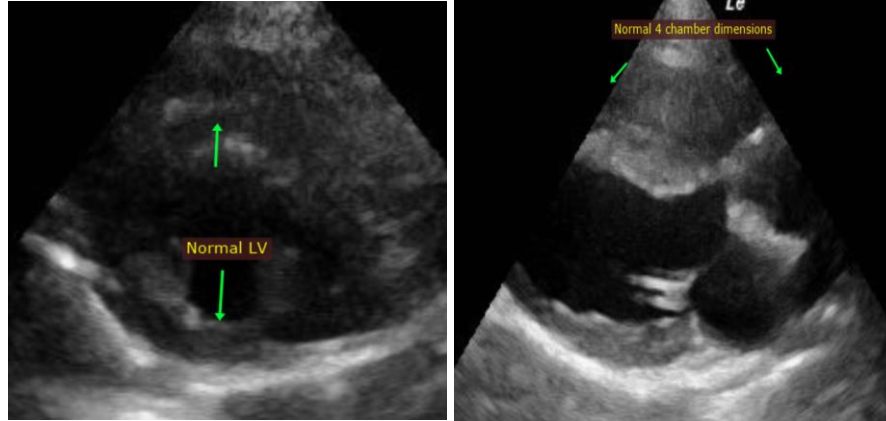
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IMAGES



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.

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