



PATIENT

Black Kitten Paws N
Tails

SPECIES

Feline

BREED

DSH

SEX

Female intact

AGE

17 weeks

WEIGHT

2.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Paws and Tails
Rescue

REFERRING VET

Dr. Beech

INVOICE

22338

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Grade 4-5 murmur heard, Very small for her age.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal to slightly decreased LV wall thickness. No significant mitral valve abnormalities. Increased LVIDd with borderline systolic function. LV appears diffusely remodeled. The LA is moderately increased in dimension with a bulbous appearance. No obvious smoke or thrombi seen. No MR. Region of dropout in the atrial septum which is suggestive of a left to right ASD. The aortic outflow velocity is mildly increased. The pulmonic outflow velocity is normal. The aorta appears abnormal and hypoplastic with turbulence distal to the valve; however, this is not confirmed. The RA is moderate to severely dilated. Several regions of high velocity flow without a pinpointed origin. Color flow suggestive of a possible small VSD; not confirmed. No effusions. Irregular tachycardia throughout.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWd (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	1.2	250	0.27	1.5	0.26	40	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	1.4	1.1	2.0	1.4	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this is considered a nondiagnostic study. What can be said is there is significant biatrial enlargement with concern for at least an ASD. There is some suggestion of a VSD; however, this is not confirmed in ancillary views. Finally, there are several regions of turbulent high velocity flow without a pinpointed origin, that are likely the cause of the murmur. Highly recommend a referral in this case as a definitive baseline diagnosis is of the upmost importance. Additionally, the patient is highly tachycardic throughout the study with some irregularity and a baseline ECG is recommended. Sedation may be beneficial for reassessment in the future.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).



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Plan: Referral should be sought in this complicated case. If declined, consider reassess with sedation (gabapentin, butorphanol, alfaxalone, etc).

IMAGES

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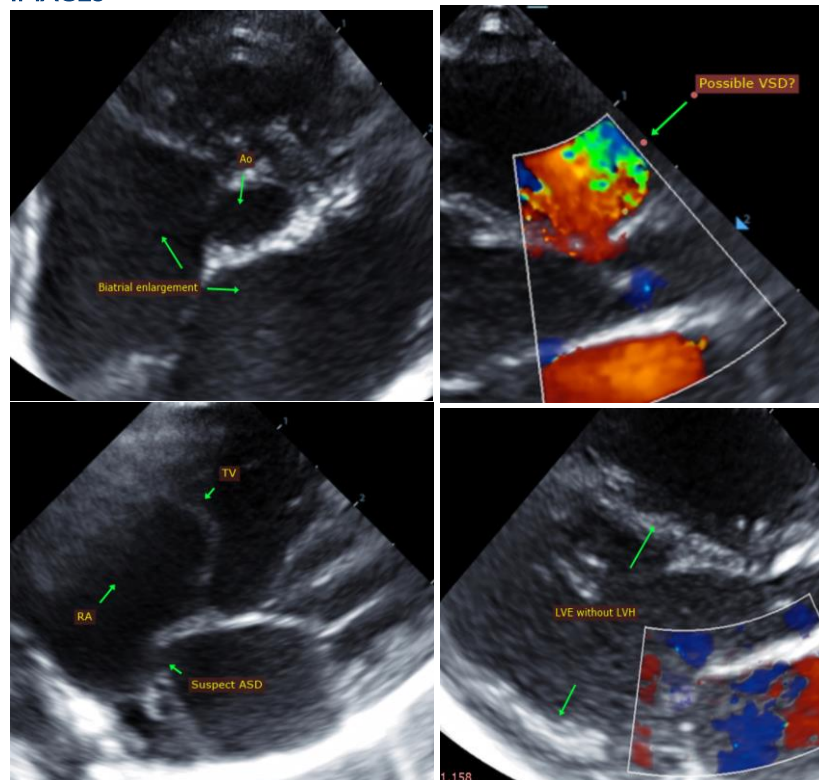
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Paws and Tails
Rescue

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

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