



PATIENT PRESENTING CLINICAL SIGNS

Coco McAllister

History: New grade II/VI murmur; no clinical signs. Needs surgery for lump removal. BP today: 184-194mmHg.

SPECIES ECHOCARDIOGRAM FINDINGS

Feline

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

SEX

Female Intact

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

AGE

13years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

WEIGHT

5.1lbs

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.44
LVID diastole (cm)	1.0
PW thickness (cm)	0.40
LVID systole (cm)	0.34
FS (%)	67

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	0.82
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.0
TR PG (mmHg)	17

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME

Wignall Animal
Hospital

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal. The only possible cause for the murmur identified is mild tricuspid regurgitation, which appears physiologic in origin (i.e., non-progressive). Finally, there is a small aortic leak which should be monitored in light of systemic pressures.

REFERRING VET

Dr. Cramb

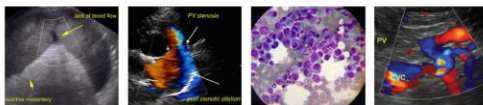
INVOICE

22500

DATE

2/10/22

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend



PATIENT
 Coco McAllister

institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES
 Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP and treat if indicated and perform systemic screening.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

BREED
 DSH

SEX
 Female Intact

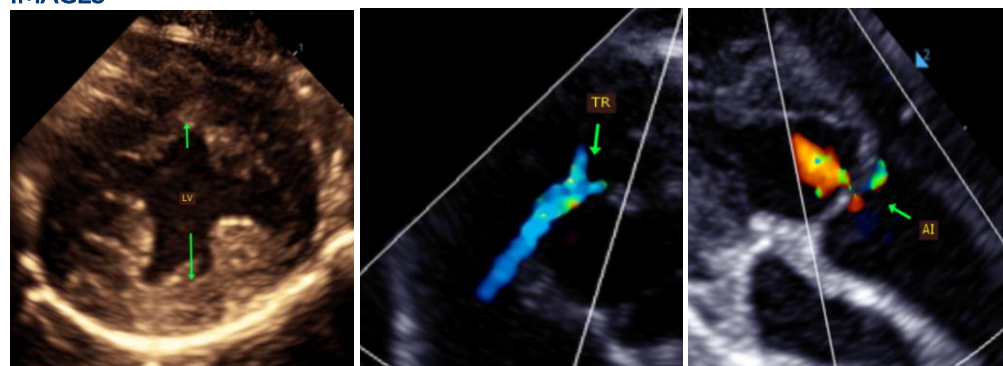
PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

AGE
 13years

IMAGES

WEIGHT
 5.1lbs



INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDMS

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
 Wignall Animal
 Hospital

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.

REFERRING VET
 Dr. Cramb

Maggie Machen Lamy, DVM
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INVOICE
 22500

DATE
 2/10/22