



PATIENT

Lightening Burlington
 Humane Society

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

3.5 months

WEIGHT

4.8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Brant Paws Veterinary
 Hospital

REFERRING VET

Dr. Zaki

INVOICE

46786

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur left-sided; right side auscultates clearly. Normal respiratory sounds, no wheezes, rest of PE unremarkable.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall is normal. The tricuspid valve appears normal in form with no obvious tricuspid regurgitation present. Prominent right heart. Mild elevation of pulmonic outflow velocities is identified. The PV leaflets are unable to be clearly visualized. Significant dilation of the main pulmonary artery and peripheral branches. The aortic valve appears to have normal morphology and mobility. No obvious intra or extra-cardiac shunts are visualized. No pericardial or pleural effusion noted.

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	2.2	160	0.35	1.35	0.38	58	90
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	1.3	1.2	1.0		1.0	2.4	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

The cause of the murmur is elevated flow velocity through the pulmonary artery. There are changes indicative of early pressure overload, although mild overall. A stenosis is suspected; however, cannot be visualized. Whether this is a valvular issue or potentially an abnormal RVOT cannot be visualized. No other congenital abnormalities were visualized; however, small shunts or defects can be difficult to identify (and are suspected). Referral to a Cardiologist is recommended, if possible, for advanced imaging in this complicated case. As an alternative, simply reassessing this patient at a later time is reasonable.

No medications are indicated and prognosis is guarded long term. Even if a stenosis is confirmed, the degree of obstruction is mild and does not warrant therapy at this young of an age. This can certainly progress up to 1 year going forward.



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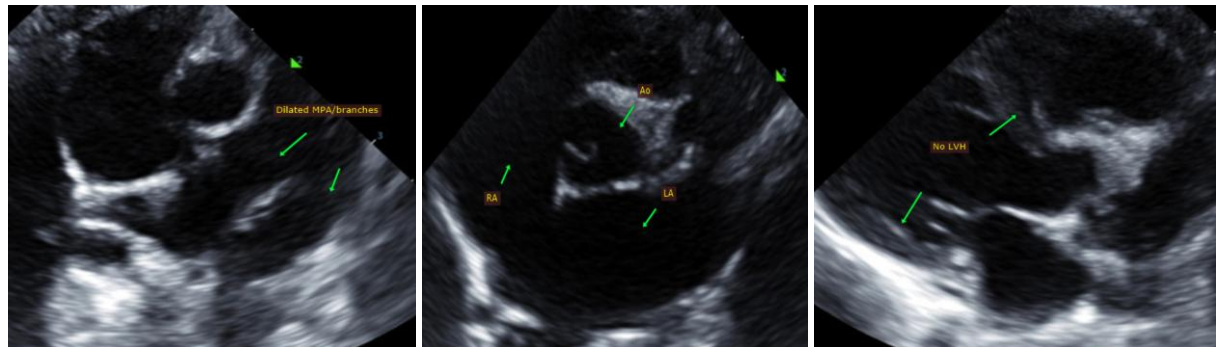
If needed, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.

Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

PLAN

Consider referral if elected. Otherwise, recommend recheck echocardiogram in 6 months to assess for progression and need for rate control.

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



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