



PATIENT

Otto Cooper

SPECIES

Feline

BREED

Maine Coon

SEX

Male Neutered

AGE

1 year

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette
 Veterinary Clinic

REFERRING VET

Dr. Willaman

INVOICE

22528

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Grade II systolic murmur picked up on routine physical exam in 11/2020.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P QRS morphologies is positive. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia. Inverted QRS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. Papillary muscle fibrosis. The left atrium is borderline dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. 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	5.4	NM	0.54	1.45	0.55	62	93
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	1.5	1.6	1.36	1.5	0.85	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

Borderline LV hypertrophy is present, which may be indicative of early cardiac disease or may simply represent a normal variant. The LA is borderline normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression. Additionally, no definitive cause is identified for the murmur in this study, however the color flow is suggestive of a physiologic origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings, no medications are indicated. Given the young age of the patient, follow up is strongly recommended to ensure no progressive hypertrophy is visualized. The ECG is unremarkable with a normal sinus tachycardia.



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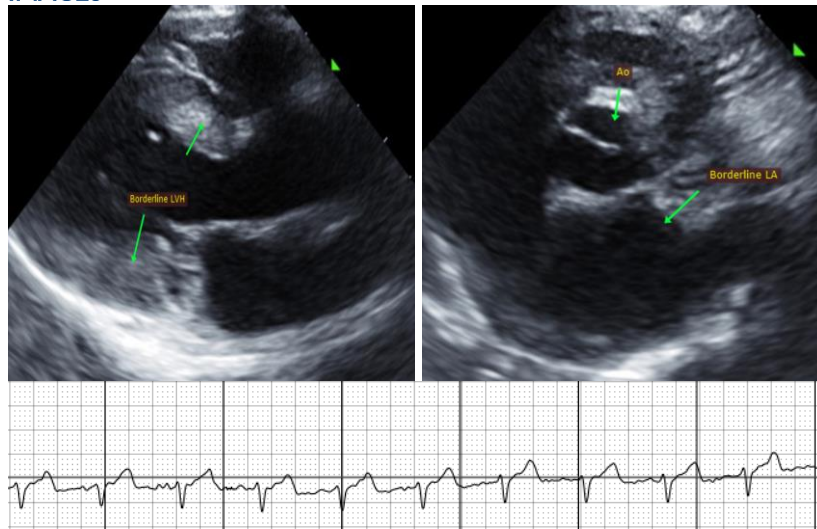
2/11/22

No cardiac contraindication for general anesthesia, however any cat with fibrosis will be at risk for iatrogenic IV fluid overload should they be needed.

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

A recheck echocardiogram is recommended in 12 months to reassess murmur origin and 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
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