



**PATIENT**

Luther Phillips

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

11.25lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29013

**DATE**

2/15/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History normal cardiac structure and function on echocardiogram 5/11/20 MML. Subsequent echo (1/11/22) interpreted by Keith Blass, Sonopath - normal echocardiogram. Presently, Luther is eating well with normal activity. Luther takes prednisolone only if needed for his asthma with environmental changes made in the house and a humidifier for his asthma. On exam: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. Could not be obtained. \*Sedated with alfaxalone for study.

-Pertinent previous echo findings (1/11/22 KB): LA:Ao 1.28; IVS 0.44 cm; PW 0.42 cm. LVOT Vmax 1.51 m/s (mildly increased flow velocity, which may be the cause of the murmur).

**ECHOCARDIOGRAM FINDINGS**

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

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

**Left atrium:** The left atrium is mildly increased in size. No obvious spontaneous contrast or thrombi seen.

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

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**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 trace tricuspid regurgitation.

**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.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.52
LVID diastole (cm)	1.3
PW thickness (cm)	0.53
LVID systole (cm)	0.44
FS (%)	63

**Doppler Measurements**

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	0.84
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Persistently normal cardiac structure and function. Previously noted mild LA enlargement has normalized, likely suggesting a normal variant. No additional issues are identified. The cause of the murmur remains elusive suggesting a physiologic origin.

Giving these findings, no medications are indicated.



**PATIENT**

Prognosis is open based upon serial normal exams.

Luther Phillips

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

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**PLAN**

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for progressive LA dilation.

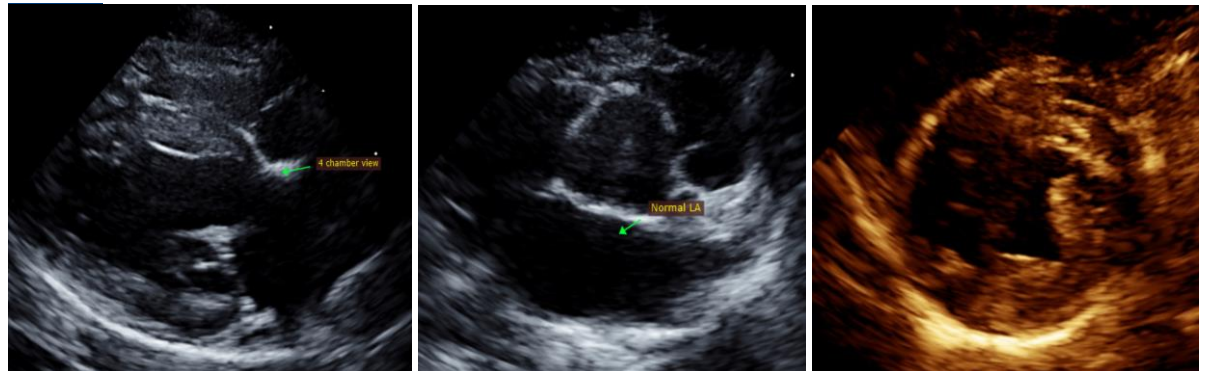
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**IMAGES**



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Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Mass Veterinary Services

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**REFERRING VET**

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

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