



DATE PRESENTING CLINICAL SIGNS

2.17.26 History: Grade 3/6 audible heart murmur noted

Pertinent abnormal PE/Chem/CBC/UA Results: BNP: 233.

PATIENT

Crash Connelly

-CXR: severe spondylosis T1-T10, large amount of stool in colon, enlarged right heart.

-Current medications: Will be starting on Azodyl and Mirataz tomorrow

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

SPECIES

Feline

-Imaging performed by: Stephanie Warga RDCS, RVT.

BREED

DSH

SEX

FS

AGE

6.1.07

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic yet normal in size. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR or SAM identified. The tricuspid valve appears normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI seen. No effusions. No obvious cardiac tumors.

CARDIAC CHART

WEIGHT

6.9lbs

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.1	NM	0.45	1.3	0.47	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	NM	1.1	1.0		0.9	0.9	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

46871

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause for the murmur is identified in this study, making it likely physiologic in origin (i.e. secondary to tachycardia, volume changes, etc.).

Given these findings and a normal LA dimension, no medications are indicated. Prognosis is open.

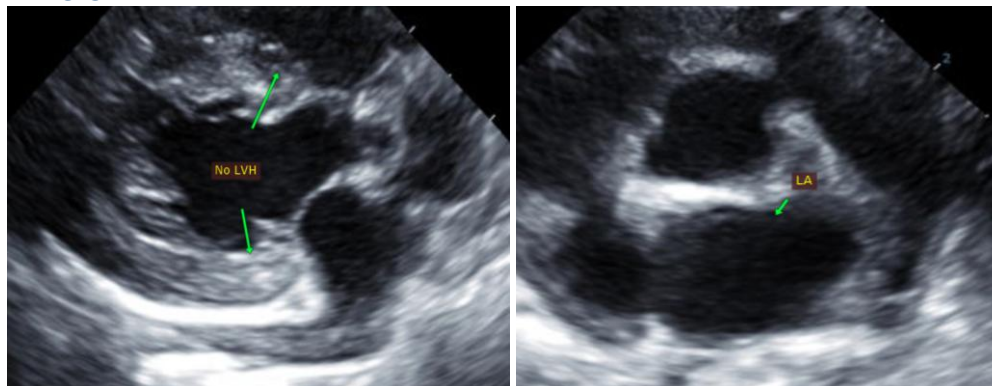
No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including decreased renal clearance, hypertension, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

No cardiac contraindication for general anesthesia. Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is low. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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.

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