



PATIENT

Ella Tikhomirova

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

10.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22763

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Ella was noted to have a low-grade murmur when adopted but was recently seen for vaccines and it has increased in intensity. Thyroid testing in December was within normal limits. Good appetite and energy level. On auscultation: NSR, grade IV-IV V/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 110mmHg x 5. No medications. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased with adequate myocardial function. LV wall thicknesses are normal. The papillary muscles are atypical with suspicion of a fused/single hyperechoic muscle. A restrictive perimembranous ventricular septal defect (VSD) is visualized; 0.179cm in diameter. The flow is left to right and high velocity (4.3m/s).

Left atrium: The left atrium is mildly enlarged.

Mitral valve: The anterior leaflet of the mitral valve appears elongated; however, no systolic anterior motion or mitral regurgitation are appreciated.

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

Right ventricle: The RV appears normal with no evidence of hypertrophy.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no 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)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.43
LVID diastole (cm)	1.8
PW thickness (cm)	0.43
LVID systole (cm)	0.9
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	0.83
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The cause of the murmur is a perimembranous ventricular septal defect (VSD). The defect is relatively small in dimension, with high velocity left to right flow. Mild left atrial enlargement is present, indicating the disease is well compensated for. Additionally, the mitral valve appears abnormal; however, appears able to function appropriately. Finally, the papillary muscles appear atypical as well, which is likely of little clinical significance. Assessment of progression in the future will help predict long term prognosis, which is generally good with this size defect. Most small congenital shunts are able to live a normal life free of medications.



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It is important to note that no medications have been shown to alter outcome in sub-clinical feline heart disease prior to CHF. Given the generally favorable prognosis with a small defect, there is no obvious indication for medications.

SPECIES
Feline

Prognosis is open long-term.

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RECOMMENDATIONS

- No medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Monitor for any breathing change, signs of a blood clot event, or collapse episodes going forward.

SEX

Female Spayed

PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

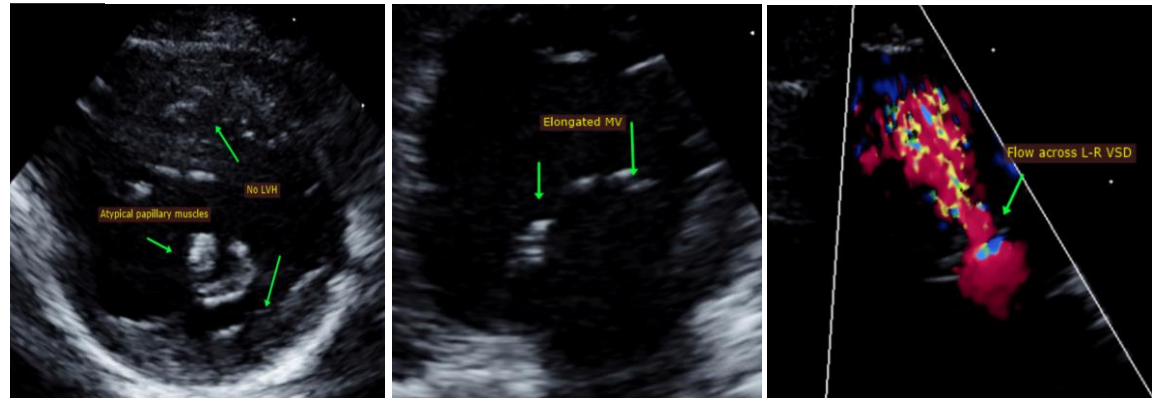
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Pamela Harrigan, RDCS

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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. Masloski

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INVOICE

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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