



PATIENT

Zeke Cousineau

PRESENTING CLINICAL SIGNS

History: Soft heart murmur noted when seen for vomiting. Good food and water intake. BP: 98, 103, 106mmHg.

SPECIES

Feline

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. The papillary muscles are normal. The endocardium appears normal.

BREED

Rex

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

SEX

Male Neutered

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

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

AGE

1 year

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 no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

WEIGHT

9lbs

Pericardium/other: No obvious congenital shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.35
LVID diastole (cm)	1.32
PW thickness (cm)	0.40
LVID systole (cm)	0.7
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Norfolk County
Veterinary Service

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. Flow through the great vessels is normal, and no congenital defects are seen. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

REFERRING VET

Dr. Ilovich

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of

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DATE

2/23/23



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intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SPECIES
 Feline

PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

BREED
 Rex

IMAGES

SEX

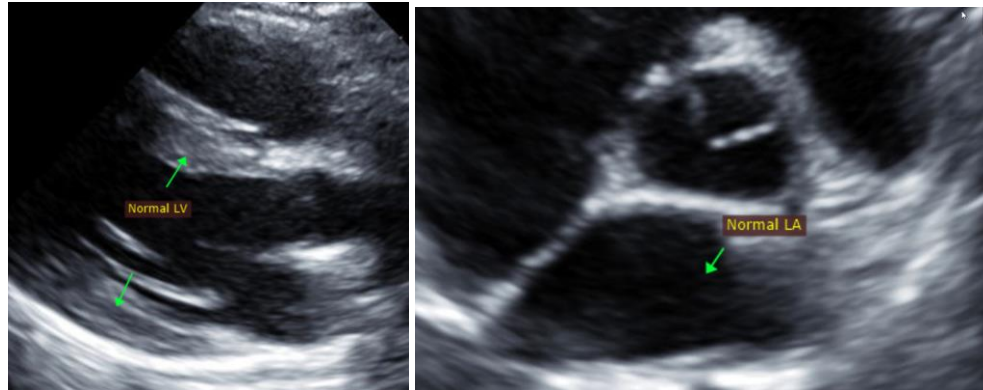
Male Neutered

AGE

1 year

WEIGHT

9lbs



INTERPRETED BY

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.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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HOSPITAL NAME

Norfolk County Veterinary Service

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

REFERRING VET

Dr. Ilovich

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