



PATIENT PRESENTING CLINICAL SIGNS

Sam Ahl History: Progressive systolic heart murmur, now grade III-IV/VI. No clinical signs. BP: 187, 190, 195mmHg. *Sedated with butorphanol 10mg/ml, 0.1ml.

SPECIES ECHOCARDIOGRAM FINDINGS

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

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with regions of borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are remodeled and hyperechoic. Mild papillary muscle hypertrophy.

Left atrium: The left atrium is normal in dimension. 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.

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 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	0.93
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.54
LVID diastole (cm)	1.4
PW thickness (cm)	0.57
LVID systole (cm)	0.61
FS (%)	53

Doppler Measurements

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

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Cox

INVOICE

22800

DATE

2/24/22

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is borderline, which may suggest early hypertrophic disease or may simply be a normal variant. Monitoring for progression is advised. There is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which may be normal or may indicate early disease. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

Prognosis is guarded pending monitoring for progression.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress



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environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

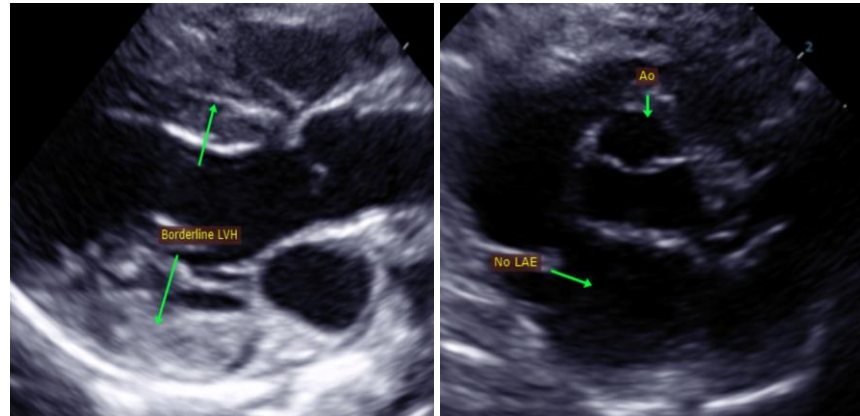
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP as discussed.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- 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 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.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression and reassess murmur origin.

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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