



PATIENT

Sasha Pacho

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

9.7.15

WEIGHT

9.55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stephanie Pearce,
RDCS, RVT

HOSPITAL NAME

Docside Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

22846

DATE

2.28.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Murmur intensity has increased from grade 2/6 to 3/6.
 -Pertinent abnormal PE/Chem/CBC/UA Results: NSF.
 -Current medications: Pet-tinic, Gabapentin with Acepromazine/Buprenex prior to vet visit.
 -Blood pressure: 2 size cuff on tail- BP 150, 160, 160 mmHg.
 -Sedation used: Ace/Bup PO 7am at home. Propofol for scan.
 -Pertinent previous ultrasound results (1/10/2019 MML): Trace/mild TR. Normal cardiac dimensions and function.
 -STAT: Not requested
 -Sonographer: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a diffusely hyperechoic endocardium consistent with fibrosis and mild ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. 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. There is no mitral regurgitation present. Mild tricuspid regurgitation identified. Blood flow through both the LVOT and RVOT are decreased in velocity. No effusion seen. No cardiac tumors visualized.

CARDIAC CHART

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	4.3	NM	0.47	1.35	0.46	40	75
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		0.64	0.4	NM

Adapted from June Boon, Veterinary Echocardiography, 1998
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

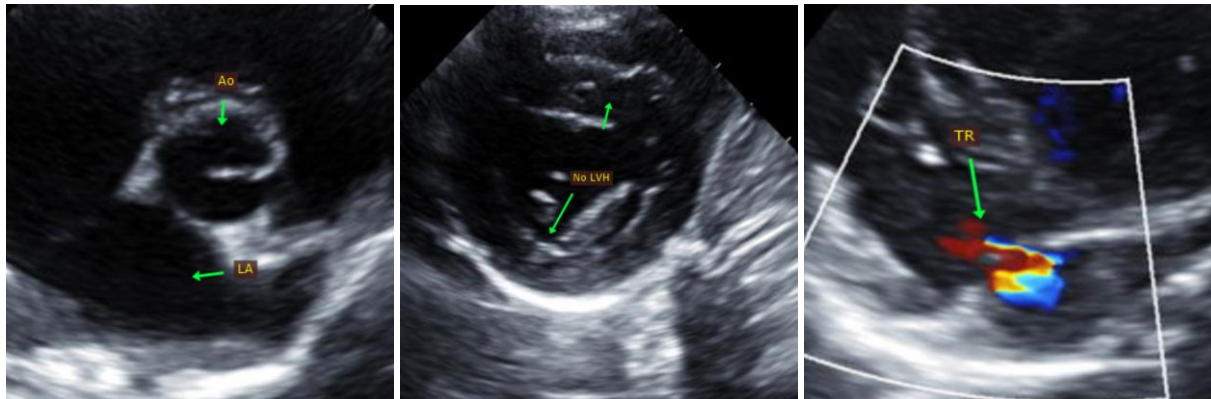
Essentially normal cardiac structure and function persists. No LV hypertrophy has developed, and the LA remains normal. No cause of a murmur is identified in this study, making it likely physiologic in origin (masked by sedation). No concerning issues are visualized. Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia at this time. Going forward, without significant structural disease the only sedative/anesthetic agent that should be avoided prior to an echocardiogram are alpha2 agonists.

Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

Recommend recheck echocardiogram annually due to murmur persistence, sooner if clinical signs arise.

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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