


PATIENT

Mayzie Little-Crause

PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 heart murmur. Sibling passed away suddenly at home about 2 weeks ago, no necropsy performed.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with a small LV chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. Papillary muscles appear mildly remodeled. The anterior leaflet of the MV appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is mildly elevated depending on heart rate. Trace eccentric mitral regurgitation. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

CARDIAC CHART
AGE

12 years

WEIGHT

10.48lbs

INTERPRETED BY

 Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Melissa Weisman,
 DVM

HOSPITAL NAME

 Minnesota Veterinary
 Ultrasound

REFERRING VET

Dr. Weisman

INVOICE

22372

DATE

2/4/22

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.8	160	0.63	0.9	0.64	55	92
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	1.2	1.2		3.8	0.9	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 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

The cause of the murmur is a dynamic LVOT obstruction. The exact origin of the obstruction is difficult to visualize in this image set; however, an intermittent LVOTO is suspected. The LV wall dimensions are mildly increased; however, the LV chamber is small which may suggest a component of dehydration or hypovolemia. Reassessing lab work and blood pressure is strongly recommended in light of these findings. Regardless, what is seen here is mild overall without LA dilation. No additional issues are identified.

No medications are indicated based upon what is seen here. Should the LVOT persist/progress in the future, a beta blocker may be come indicated.

Monitor for any clinical signs associated with progression, including increased RR/RE, syncope or signs of a blood clot (paralysis, neurologic change, etc.).

Pending BP/volume assessment, anesthetic risk is low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as



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this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

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A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any clinical signs arise.

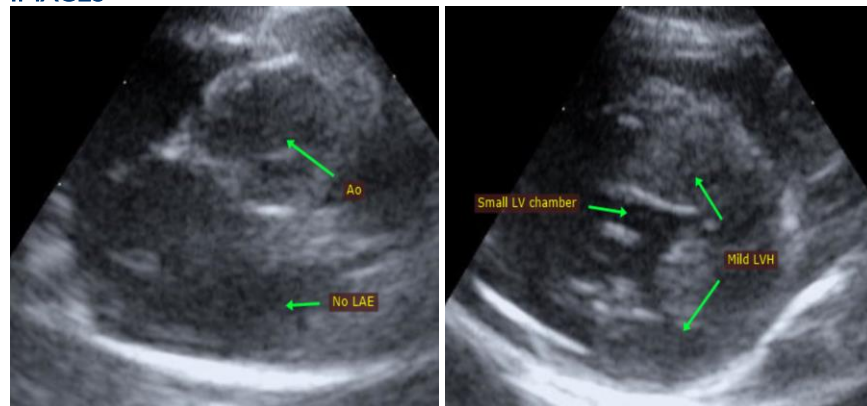
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DSH

IMAGES

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AGE

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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.

WEIGHT

10.48lbs

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.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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