


PATIENT

Sofia Baxter

PRESENTING CLINICAL SIGNS

History: No current medications. Was given low dose of Torbugesic IV for scan. Grade 1/6 heart murmur. This kitten is to be used for breeding purposes therefore looking for opinion about GA in future and risks for breeding.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium is 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. Blood flow through both the LVOT and RVOT is normal in velocity. No obvious cardiac or extra-cardiac shunts. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

Oriental Short Haired

SEX

Female Intact

CARDIAC CHART
AGE

14 weeks

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.2	230	0.27	1.4	0.24	43	80
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.4	1.38	0.9	1.4	1.4	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.*

WEIGHT

2.7lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 St. Catherines Animal
 Hospital

REFERRING VET

Dr. Masaud

INVOICE

23107

DATE

3/15/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). It is worth mentioning that small abnormalities are easily missed in juvenile cats, and if the murmur persists or progresses referral to a local Cardiologist should be considered.

Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia. A breeding soundness exam cannot be done at this young of an age and follow up is advised. It is worth noting that an OFA by an Attending Cardiologist is the gold standard prior to instituting a breeding program.

If referral is declined and murmur persists, reassess echocardiogram in 6 months to reassess murmur origin.



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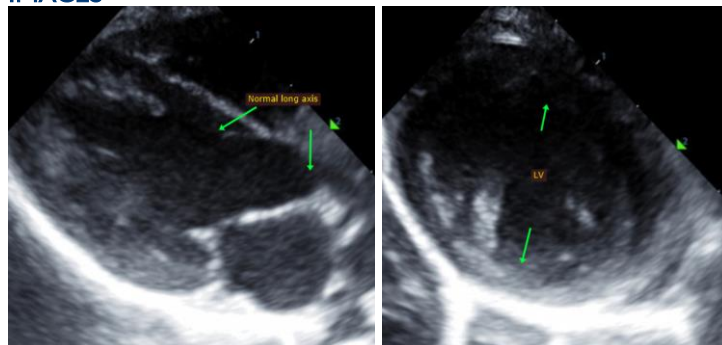
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IMAGES



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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