



PATIENT

Percy Bowling

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

5 years

WEIGHT

16.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Harvey

INVOICE

29631

DATE

3/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild biatrial and left ventricular enlargement. Doing well clinically. Grade II/VI heart murmur.

-Pertinent previous echo measurements (4/21/22 MML): LA 1.5 cm, LA:Ao 1.5, IVS 0.46 cm, PW 0.47 cm, LV 1.8 cm.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

Left atrium: The left atrium is mildly enlarged. No obvious smoke or thrombi seen.

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.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is mildly enlarged.

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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.49
LVID diastole (cm)	1.8
PW thickness (cm)	0.43
LVID systole (cm)	0.7
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.4
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, no evidence of progression. Mild biatrial dilation is unchanged with mild LV enlargement as well. The LV is normal in appearance with no pathology seen. No cause for the murmur remains apparent, suggesting likely a physiologic origin.

Given a lack of progression, no cardiac medications are warranted at this time. Serial monitoring remains recommended.

Prognosis is guarded long-term. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.



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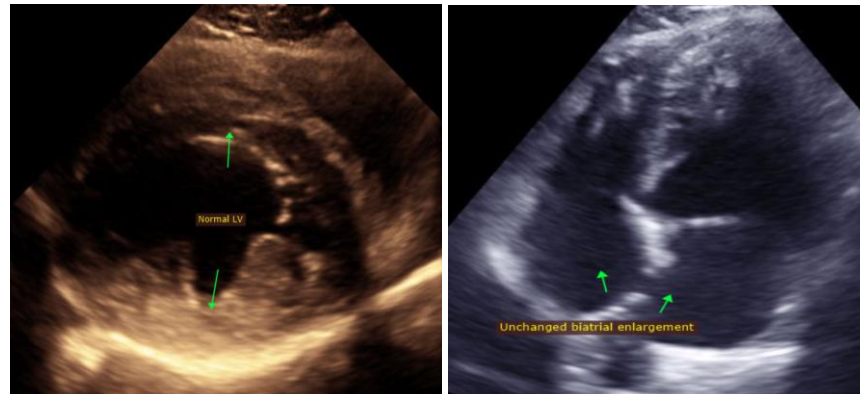
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 6-9 months to screen for progression.

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.

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

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