


**PATIENT**

Shadow Rollins

**PRESENTING CLINICAL SIGNS**

History: Murmur detected at pre-surgical exam. No clinical signs. Overweight. Sedation - 100mg gabapentin.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is mildly increased in diastole. A mild diameter perimembranous VSD is seen just below the aortic valve. The shunt is left to right, the max velocity is 5.0m/s. No obvious right to left flow identified. The left atrium is mildly increased in size. The right atrium is normal in size. The right ventricle appears normal. The MPA is mildly dilated. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. There is no pleural or pericardial effusion seen. No additional shunts or abnormalities are visualized.

**BREED**

DSH

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

10 months

**WEIGHT**

10.8lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.9	NM	0.43	1.9	0.47	47	90
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	1.3	1.3		0.9	NM	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.

**IMAGING PERFORMED BY**

 Mark van Campen,  
 DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is a perimembranous ventricular septal defect (VSD). The defect is mild in dimension, with high velocity left to right flow. Despite a relatively small shunt, there is evidence of mild left heart volume overload, which while mild is concerning in a 10-month-old cat. The MPA is mildly dilated, supporting mild volume overload/relative PS. No additional congenital defects are visualized. Given the location of the defect, arrhythmias should be monitored for lifelong through periodic auscultation and ECG monitoring.

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 Animal Hospital

**REFERRING VET**

Dr. van Campen

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VSDs in cats have variable outcomes, and lifelong monitoring is advised. The defect in this case appears hemodynamically significant, leading to increased concern for volume overload over time and potentially progression to clinical signs and development of CHF within the patient's lifespan. The prognosis is guarded however, as the rate of progression with subclinical cardiomyopathy is highly variable. Patient will always remain at risk for development of congestive signs, arrhythmias and/or sudden death in the future.



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With only mild heart enlargement, use of medications is not yet recommended. This may change in the future should further volume overload be noted.

**SPECIES**

Feline

Anesthetic risk is considered mild at this time, 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

**SEX**

Male Neutered

**PLAN**

No medications are indicated at this time.

**AGE**

10 months

Recommend a recheck echocardiogram and ECG in 6-12 months to screen for progression.

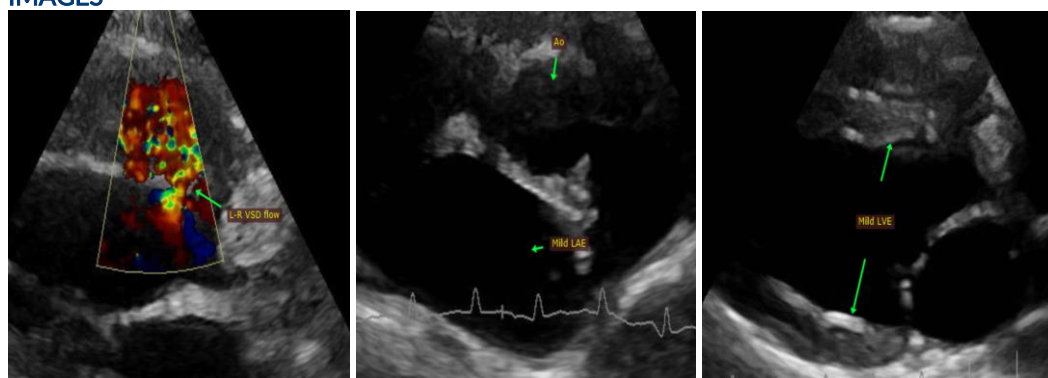
**WEIGHT**

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**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)



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Mark van Campen,  
DVM

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.

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Animal Hospital

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)  
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**REFERRING VET**

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