



PATIENT

Snowball Garcia

SPECIES

Feline

BREED

Maine Coon

SEX

Male Intact

AGE

7 months

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Cox

INVOICE

29745

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The anterior leaflet of the mitral valve is mildly elongated, although no systolic anterior motion is appreciated. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Mild LV dilation with adequate myocardial function. LV walls are normal in diameter with mild remodeling. Slight increase in LV sphericity. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.5	NM	0.47	1.9	0.46	40	72
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	2.0	1.7	1.7		1.5	1.0	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 moderate mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth), secondary to abnormal valve motion (SAM/HOCM) or represents age-related degeneration as is seen in dogs. The valve appears mildly elongated in a young cat, making a primary dysplastic issue most likely. No obvious LVOTO is identified secondary to the abnormal valve; however, this should be monitored going forward. Regardless, the LA is only moderately dilated, putting this patient at risk for issues going forward. There is normal wall thickness, ruling out typical hypertrophic disease. Serial echocardiography will be helpful to confirm the diagnosis and assess for progression.

Going forward there will always remain risk for progression to CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Long term prognosis with LA dilation is guarded, given the age of the patient.



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Given the patient is asymptomatic with moderate left atrial enlargement, institution of medications is recommended. If the patient is able to be medicated, Pimobendan should be administered. Additionally, Plavix would be reasonable due to increased risk for a blood clot event.

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Certainly breeding this animal is contraindicated with congenital disease. Castration should be elected.

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Maine Coon

Anesthetic risk is considered **moderately elevated**, with high risk for fluid overload, spontaneous CHF, hypotension, etc. If you elect to proceed, medications should be instituted at least 3-5 days prior. Consider referral to a facility with an anesthesiologist as the gold standard. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended.

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PLAN

Institute Pimobendan 1.25mg PO q12h. Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

WEIGHT

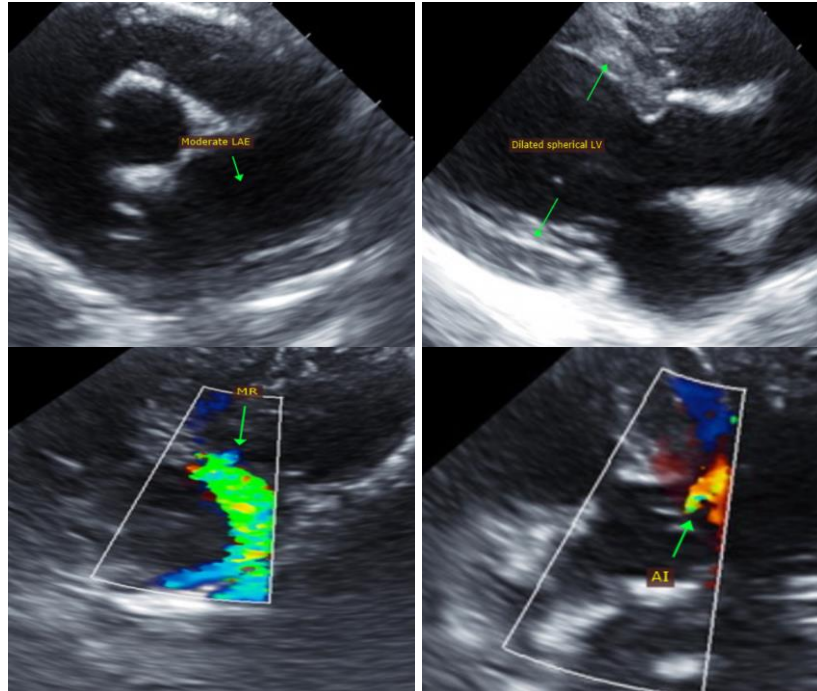
10lbs

A recheck echocardiogram is recommended in 6 months to screen for progression.

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IMAGES



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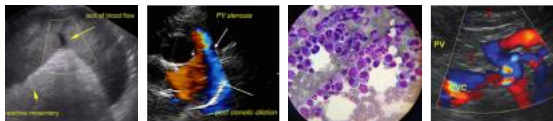
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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