



PATIENT

Wayne Jordan

PRESENTING CLINICAL SIGNS

History: Grade 3/6 murmur. Assess prior to dental.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall and chamber are largely normal in dimension with no evidence of significant hypertrophy. There is a diffusely hyperechoic endocardium consistent with remodeling with irregularity to the endocardial surface. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. A mild LVOTO can be seen on color flow and 2D imaging, with mild secondary mitral regurgitation. A dynamic RVOT obstruction is seen on both color flow and Doppler. No pulmonic insufficiency noted. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion seen.

BREED

Devon Rex

SEX

Male Neutered

CARDIAC CHART

AGE

3 years

WEIGHT

8.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

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	3.67	220	0.49	1.4	0.47	60	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	1.3	1.2	1.2		2.4	2.5	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.

HOSPITAL NAME

Headon Forest
Animal Hospital

REFERRING VET

Dr. Wallace

INVOICE

23289

DATE

3/25/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is two-fold, with a heart rate dependent flow obstruction through both the left and right ventricular outflow tracts. DRVOTO/LVOTO to this degree is a largely physiologic finding (i.e., benign and of no clinical significance) in the absence of LV hypertrophy given an otherwise normal LV and LA dimension. Monitoring is advised going forward, as this may be the first indicator of early HOCM. Mild LV remodeling and fibrosis of the left ventricular wall is noted, likely a normal variant. No additional issues are identified.

From a clinical standpoint, the atrial dimensions are normal indicating low risk for associated complications. Given these findings, no medications are indicated at this time. This patient will however be at high risk for IV fluid overload given the diastolic dysfunction and remodeling, and this should be considered should fluids become indicated in the future.



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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.

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PLAN

Screening blood pressure and T4 recommended.

SEX

Male Neutered

Recommend recheck echocardiogram in 6-12 months to assess for any progression.

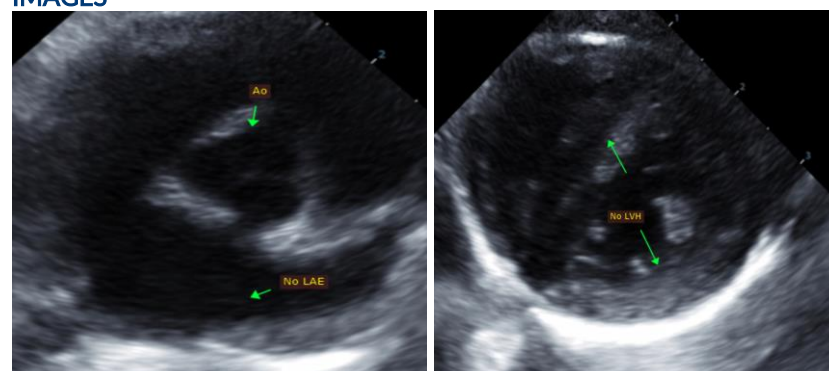
AGE

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IMAGES

WEIGHT

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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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.

HOSPITAL NAME

Headon Forest
Animal Hospital

Maggie Machen Lamy, DVM

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