**PATIENT**Madam Maiakosky  
Santa Maria**SPECIES**

Feline

**BREED**

Manx

**SEX**

Female Spayed

**AGE**

17.7 years

**WEIGHT**

9.7lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Schultz

**INVOICE**

29906

**DATE**

3/28/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 2/6 heart murmur. Asymptomatic.

-Pertinent previous echo findings (12/2022 MML/SVS): No LVH, mild LAE. LA: 1.5. Suspect early UCM.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of mild fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**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	4.4	NM	0.44	1.5	0.48	58	91
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	1.6	1.5		1.3	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**

Compared to the prior study, findings are similar. The LV remains unremarkable with mild unchanged LA dilation. No progression is seen and no additional issues are identified.

Given these findings, no medications are indicated. Prognosis remains guarded, although serial stability is certainly a good sign. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. 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. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

**IMAGING PERFORMED BY**

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**PATIENT**

Madam Maiakosky  
Santa Maria

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise.

**SPECIES**

Feline

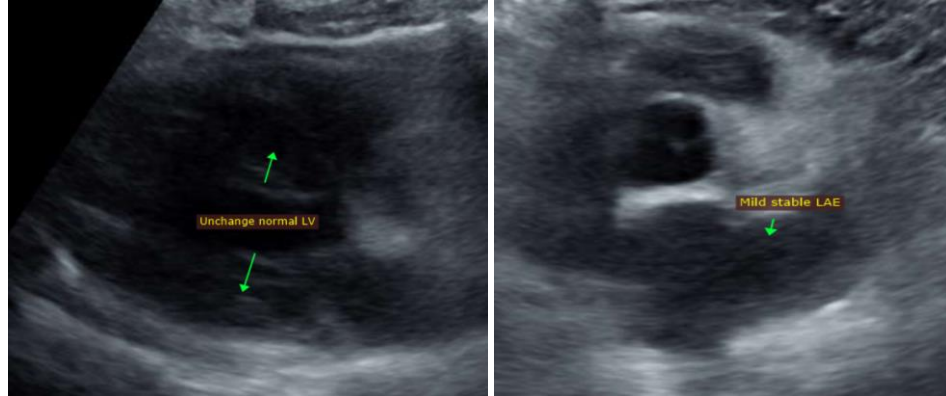
**BREED**

Manx

**SEX**

Female Spayed

**IMAGES**



**AGE**

17.7 years

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.

**WEIGHT**

9.7lbs

Thank you for this referral. 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

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
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