



PATIENT

Ollie Rosano

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Asymptomatic.
-Current medication: Gabapentin PRN.

SPECIES

Feline

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 mildly hyperechoic endocardium. The papillary muscles appear normal. No significant hypertrophy seen. The LV is normal in dimension with adequate function. 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.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

2 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Banfield Pet Hospital
of Bridgewater

REFERRING VET

Dr. Baker

INVOICE

29892

DATE

3/28/23

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	6.8	200	0.43	1.5	0.49	52	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	1.4	1.4	1.4		1.1	0.7	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 only abnormality identified is mild left atrial enlargement. While a normal variant is possible, monitoring is recommended to screen for progressive dilation. No significant LV pathology is appreciated with normal wall thickness. Finally, no cause for the murmur is identified, making it likely physiologic in origin.

Prognosis is open prior to screening for progression.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease.

No cardiac contraindication for general anesthesia; however, mild IV fluid restriction is recommended.

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



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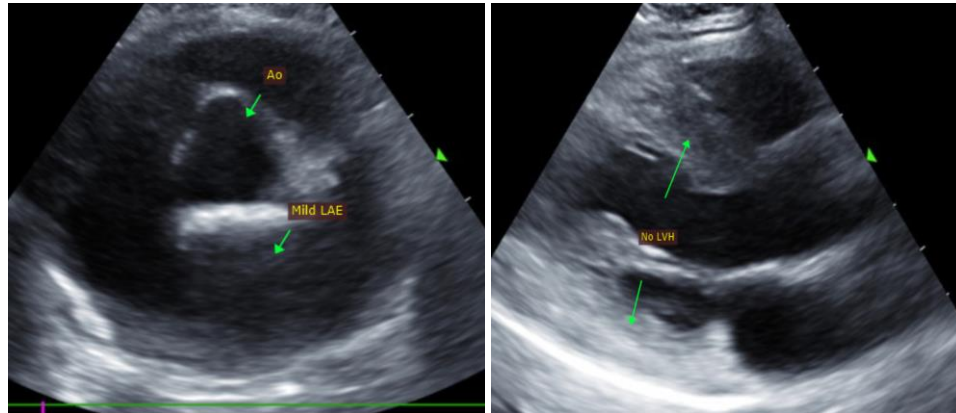
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IMAGES



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