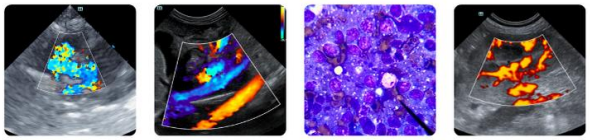

PATIENT

Mrs. Butters Turner

SPECIES

Feline

BREED

British SH

SEX

Female Spayed

AGE

4 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Burns, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

47066

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Diagnosed with a grade 3/6 heart murmur. Has have off and on more abdominal effort breathing on 2/25. Had this issue a year ago and did not have a murmur or asthma. CXR: normal. Normal BNP. Otherwise, e/d/u/d normally. Sedated with Torb and Alfaxalone.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and doppler imaging is available. The left ventricular wall is normal in dimension, although not extensively visualized. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. Blood flow through the RVOT is normal. The LVOT velocity is mildly elevated with systolic anterior motion suspected. 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	4.8	NM	0.46	1.3	0.48	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	1.2		2.5	1.5	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Limited image set provided. What can be said is that the murmur is suspected to be due to an LVOT obstruction. The diagnosis is suspect, as color flow is not utilized and spectral doppler limited. Despite this, the LV wall thickness and LA dimension are normal suggesting little significance at this time. No additional issues are seen. It is important to note that without accurate of use of color doppler and a thorough image set, additional abnormalities may have been missed.

Given these findings, a cardiac cause for the respiratory changes is considered unlikely. Certainly, no medications are indicated based upon the information available.

Prognosis is open.

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Anesthetic risk is considered mild. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

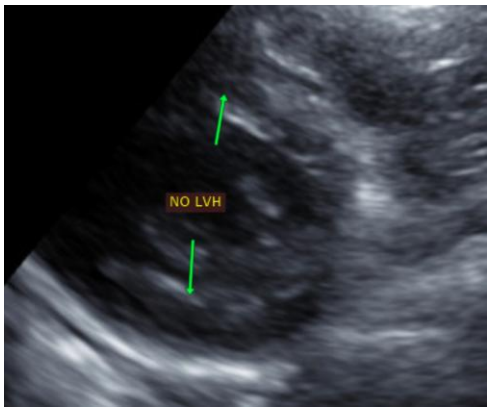
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

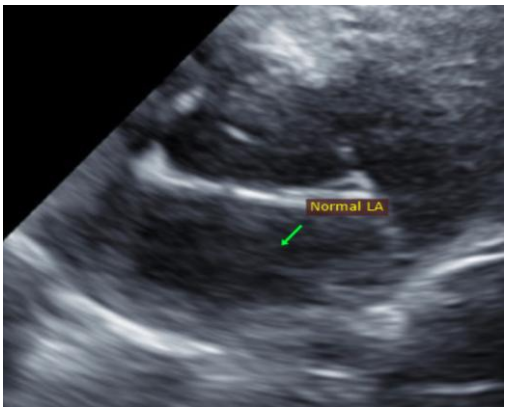
PLAN

Further workup for respiratory signs is recommended.

A recheck echocardiogram is recommended in 1 year. If any clinical issues develop in the interim, referral should be considered.

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
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