



**PATIENT**

Boots Rennick

**PRESENTING CLINICAL SIGNS**

History: Had lost weight unintentionally, but it has been gained back. Resorptive oral lesions. Grade I/VI systolic murmur. BP: 142,143mmHg. Having bi-cavity ultrasound exams.  
\*Sedated with torb/low dose dex.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**BREED**

DSH

**Left ventricle:** The LV diameter is normal with adequate myocardial function (once sedation was reversed). The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**SEX**

Male Neutered

**Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

**AGE**

2 years

**Mitral valve:** The mitral valve is normal in structure and mobility. Trace mitral regurgitation. No obvious systolic anterior motion is seen.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**WEIGHT**

11lbs

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 100bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.43
LVID diastole (cm)	1.6
PW thickness (cm)	0.42
LVID systole (cm)	0.7
FS (%)	56

**Doppler Measurements**

PV Vmax (m/s)	0.46
AoV Vmax (m/s)	0.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Jennifer Migner,  
RDMS

**INTERPRETATION OF THE FINDINGS**

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is subjectively more remodeling than is considered normal in a 2-year cat and follow up is advised. No cause for the murmur is identified in this study, making it likely physiologic in origin. It is important to note that this particular sedation protocol will mask high velocity blood flow/murmur origin. If possible, avoid Dexdomitor for future evaluations.

**HOSPITAL NAME**

Rhode Island Animal  
Medical Center

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.

**REFERRING VET**

Dr. Rogoff

**INVOICE**

22947

**DATE**

3/4/22



**PATIENT**  
 Boots Rennick

- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**SPECIES**  
 Feline

**PLAN**

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

**BREED**  
 DSH

**IMAGES**

**SEX**

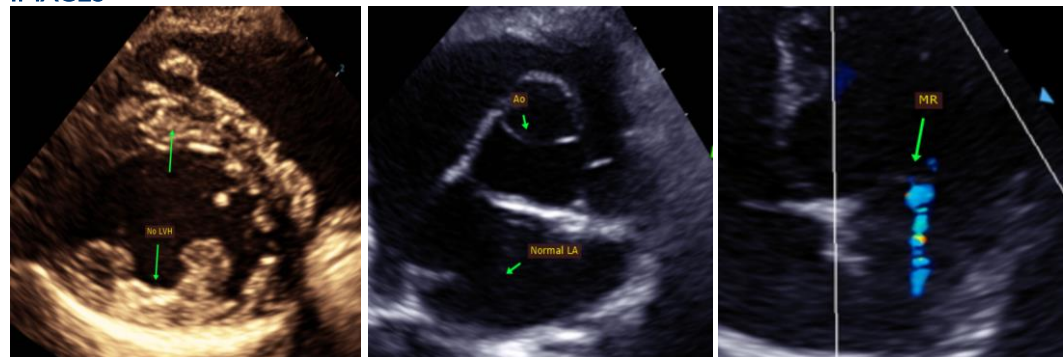
Male Neutered

**AGE**

2 years

**WEIGHT**

11lbs



**INTERPRETED BY**

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**

Jennifer Migner,  
 RDCS

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

**HOSPITAL NAME**

Rhode Island Animal  
 Medical Center

**REFERRING VET**

Dr. Rogoff

**INVOICE**

22947

**DATE**

3/4/22