



PATIENT

Mollie Sherman

SPECIES

Feline

BREED

Main Coon Cat

SEX

Female Spayed

AGE

13 years

WEIGHT

8.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Serra

INVOICE

22938

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: Chronic sneezing and upper respiratory signs. Some recent weight loss. Presented for radiographs and rhinoscopy. On exam, a grade II/VI systolic murmur was heard. BW = euthyroid; mildly elevated BNP (160). BP: 130mmHg x 3.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with regions of borderline hypertrophy and regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.

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

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

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Elevated RVOT velocity seen on color flow (not captured on Doppler).

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 220bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.55
LVID diastole (cm)	1.2
PW thickness (cm)	0.55
LVID systole (cm)	1.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is irregular with regions of borderline thickening, which should be monitored for progression to true LVH going forward. A screening BP and T4 are recommended every 6 months lifelong. There is no evidence of elevated left atrial pressure indicating low risk for complications at this time. The murmur is due to a dynamic RVOT obstruction, which is a physiologic finding (secondary to tachycardia, volume changes, etc.).

Given these findings, the risk for complication is low.



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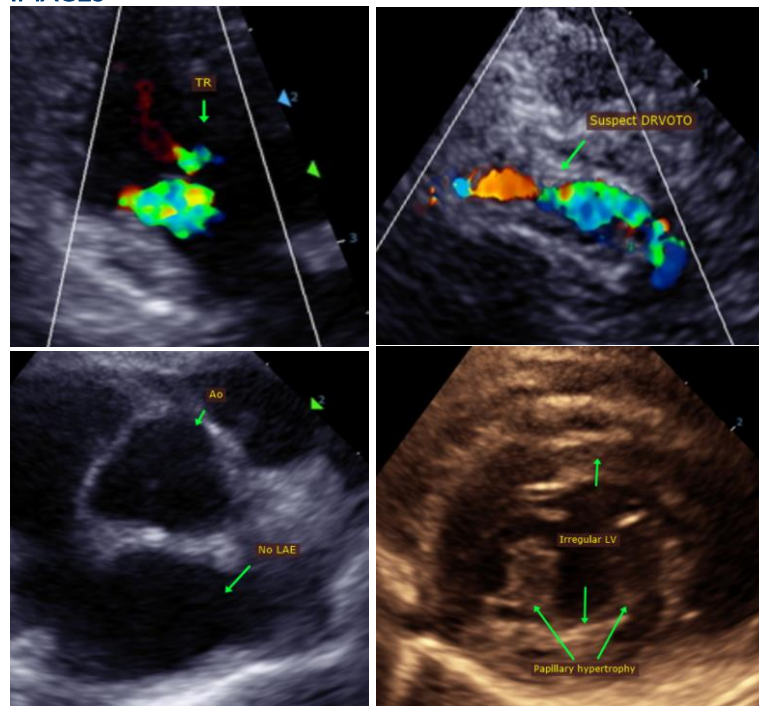
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Screening BP/T4 q 6mo.
- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

IMAGES



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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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