



**PATIENT**

Kif Struck

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI parasternal murmur noted on recent exam, PSS, lung fields clear. BP: 120mmHg x 4. Echocardiogram prior to anesthesia to address an ear infection/mass.

**SPECIES**

Feline

**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 largely normal. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**BREED**

DSH

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

**SEX**

Male Neutered

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

**AGE**

10 years

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

**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**

9.6lbs

**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. Normal RVOT velocity; laminar flow.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

|                    |      |
|--------------------|------|
| Ao diam (cm)       | 1.1  |
| LA diam (cm)       | 1.3  |
| LA:Ao (Swe)        | 1.2  |
| IVS thickness (cm) | 0.39 |
| LVID diastole (cm) | 1.4  |
| PW thickness (cm)  | 0.39 |
| LVID systole (cm)  | 0.6  |
| FS (%)             | 57   |

**Doppler Measurements**

|                |      |
|----------------|------|
| PV Vmax (m/s)  | 0.93 |
| AoV Vmax (m/s) | 0.8  |
| MR Vmax (m/s)  | NA   |
| TR Vmax (m/s)  | NA   |
| TR PG (mmHg)   | NA   |

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**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 mild remodeling and fibrosis of the left ventricular wall, which is considered normal. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Finally, the aortic root and ascending segment appear dilated. This is of unknown significance in a senior cat with normal systemic pressures. Simple follow up is advised.

**REFERRING VET**

Dr. Masloski

**INVOICE**

22968

**RECOMMENDATIONS**

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

**DATE**

3/8/22



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Feline

**BREED**

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Male Neutered

**AGE**

10 years

**WEIGHT**

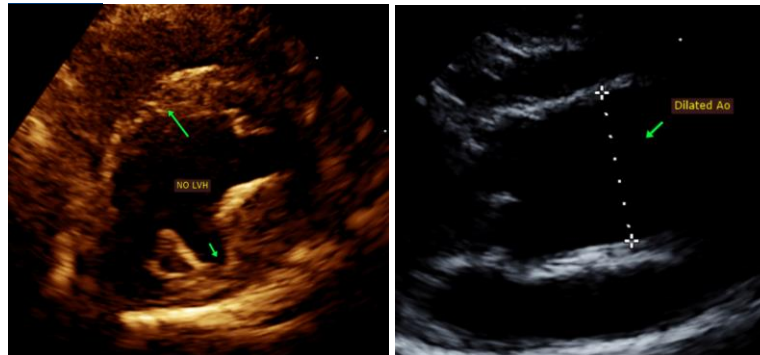
9.6lbs

- 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).

**PLAN**

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

**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.

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

Maggie Machen Lamy, DVM  
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**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

**HOSPITAL NAME**

Mass Veterinary Services

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Dr. Masloski

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