

PATIENT

Michael Buble
Pascucci

PRESENTING CLINICAL SIGNS

History: Rescued one week ago. Grade 1-2/6 ausculted on exam prior to neuter.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is mildly increased in dimension. The endocardium is mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

CARDIAC CHART

SEX

Male

AGE

1 year

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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	4.3	160	0.4	1.8	0.4	53	86
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	1.1	1.1	1.0		1.1	1.1	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.

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The LV is mildly increased in size for a cat of this age, which may be a normal variant or may reflect underlying pathology. Serial monitoring is advised to ensure no progression is seen. Additionally, no cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). It is worth mentioning that small abnormalities are easily missed in young cats, and if the murmur persists or progresses referral to a local Cardiologist should be considered.

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Pascucci

Given these findings, no medications are indicated.

INVOICE

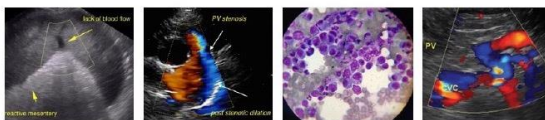
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No cardiac contraindication for general anesthesia.

DATE

4/11/22

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



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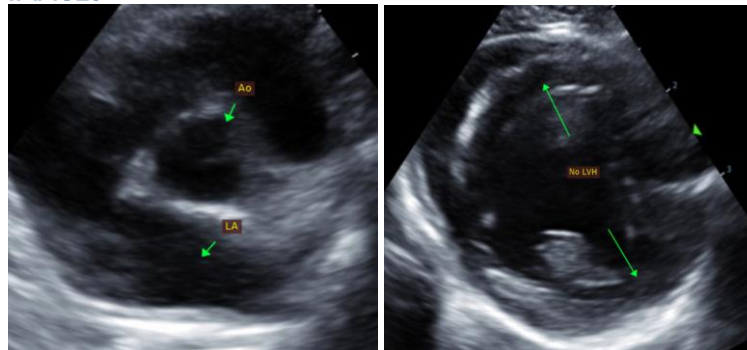
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IMAGES



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
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