SonoPath
Clinical Sonography & Telecytology
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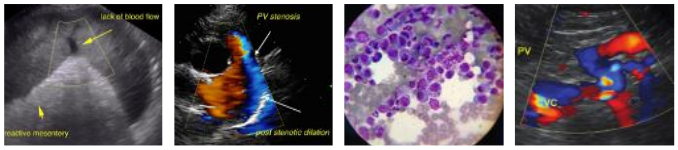

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
KaiKai Huntley

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
8 years

WEIGHT
10.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Melissa Weisman, DVM

HOSPITAL NAME
Minnesota Veterinary Ultrasound

REFERRING VET
Dr. Weisman

INVOICE
23649

DATE
4/13/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. Mild eccentric MR likely secondary to SAM. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is normal on doppler; however, an intermittent obstruction is suspected on color flow imaging. No cardiac tumors are seen. No pleural or pericardial effusion.

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	200	0.51	1.27	0.51	47	82
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	1.2	1.2		1.0	0.7	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

Essentially normal cardiac structure and function. The murmur is due to an LVOT obstruction with secondary MR, which is secondary to tachycardia. The valve itself appears normal, and no LVH is seen making this likely a stress/tachycardia-induced phenomenon. That being said, this may be the first sign of early HOCM, and serial monitoring is advised. The left atrium is normal indicating low risk for complication. No additional issues are identified.

In patients with persistent LVOT obstruction and development of hypertrophy, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a normal left atrium and no LVH, no medications are clearly indicated.

Anesthetic risk and/or steroid risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

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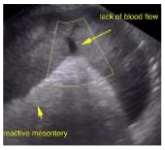
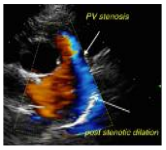
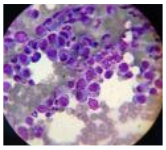
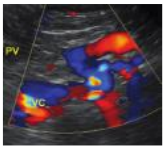

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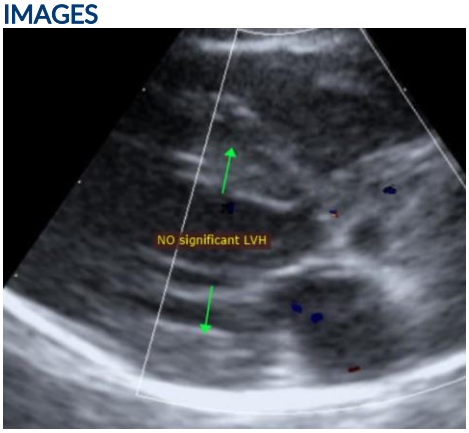
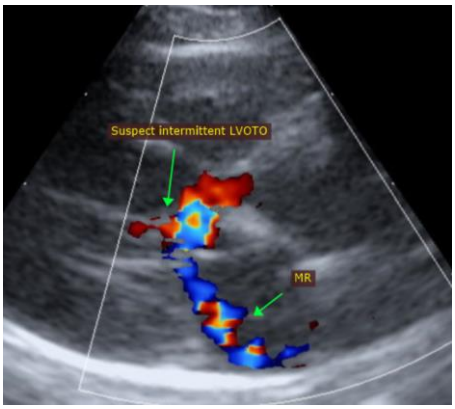
IMAGES





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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com