



PATIENT

Ruen Specialty
Rescue

PRESENTING CLINICAL SIGNS

History: History of heart murmur III/VI since 3 months old. Assess prior to anesthesia.
-Abnormal PE/Chem/CBC/UA Results: FELV, FIV, Hw = negative.

SPECIES

Feline

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. The papillary muscles are normal. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. Mild to moderate TR. 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

DLH

CARDIAC CHART

SEX

Male

AGE

5 months

WEIGHT

6.5lbs

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	2.9	NM	0.42	1.4	0.43	65	90
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	1.2	1.1	1.0		1.1	0.96	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

T. Tenorio, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The only cause of a murmur identified is mild to moderate TR, which is of unknown clinical significance. This may represent a congenital valve abnormality or early degeneration/right heart cardiomyopathy in this young cat, however no obvious structural changes are noted on the valve or right heart. TR can also be physiologic in cats and may or may not progress. The RA does not appear dilated at this time however, indicating clinical stability. Serial echocardiography will be necessary to determine progression. No additional issues are identified.

HOSPITAL NAME

Wauwatosa
Veterinary

Given these findings, no medications are indicated.

REFERRING VET

Dr. Binor

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Anesthetic risk is considered mild. With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

DATE

4/19/22

Recommend recheck echocardiogram in 1 year to assess for progression.



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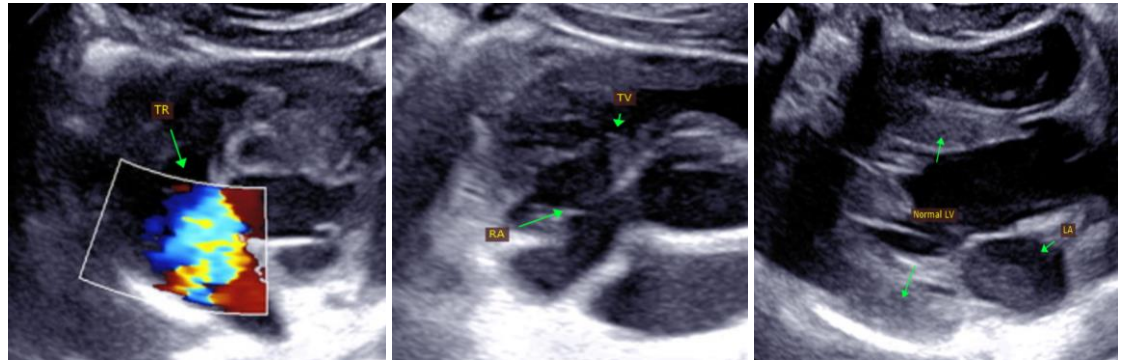
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IMAGES



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.

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