



**PATIENT**

Foggy Cournoyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Intact

**AGE**

11 months

**WEIGHT**

8.44lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Foggy was recently noted to have a heart murmur. He needs to be neutered. Eating well with normal activity level. On exam: NSR, Grade II/VI murmur, lung fields clear compressible thorax mm pink moist CRT < 2. BP: 120mmHg x 4. No medications. \*Sedated with propofol for study.

**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 normal. There is a mildly hyperechoic endocardium. The papillary muscles appear normal. An intermittent mid-LV obstruction is noted on color flow and spectral doppler (max recorded velocity is 2.1m/s).

**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; laminar flow. 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 prominent. An atypical low velocity jet is seen entering the lumen, suspected to reflect partial anomalous pulmonary venous return (see below).

**Tricuspid valve:** The tricuspid valve appears normal with mild to moderate double jet of tricuspid regurgitation. Normal velocity.

**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.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.43
LVID diastole (cm)	1.2
PW thickness (cm)	0.43
LVID systole (cm)	0.6
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.83
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.2
TR PG (mmHg)	19

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

30337

**DATE**

4/19/23

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is 2-fold. First, is a mid-LV obstruction that appears mild/benign at this time. The LA is normal, suggesting low hemodynamic consequence. There is also a mild to moderate tricuspid leak, which may reflect a mild dysplasia. The right atrium is prominent and follow up is recommended. Interestingly, there also appears to be evidence of possible partial anomalous venous return with a vessel entering the right atrium. A small sinus venosus ASD is also suspected, which are often concurrent defects. This flow is low velocity and would not contribute to the murmur; however, increased volume entering the RA over time can lead to increased filling pressures. This is not definitive as it



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is exceedingly rare in cats and is not frequently assessed for. Monitoring is recommended. No additional issues are identified.

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Given these findings, no medications are indicated. Prognosis is open, prior to assessing for progression.

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DSH

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia; however, mild IV fluid restriction is advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**SEX**  
Male Intact

**PLAN**

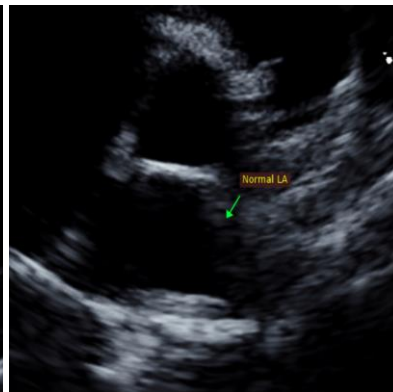
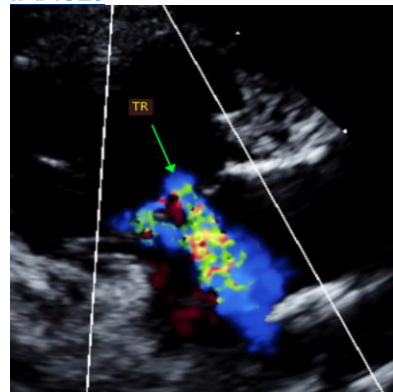
- Recommend recheck echocardiogram in 1 year to screen for development of disease the pre-existing murmur may mask.

**AGE**

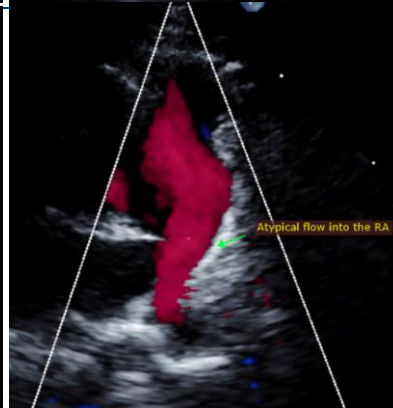
11 months

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