



PATIENT

Freddie Turpin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2.5 years

WEIGHT

7.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

30422

DATE

4/25/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of a grade III/VI systolic heart murmur and VSD. A dental COHAT was recommended, and wellness bloodwork was performed. CBC, Chemistry, T4: showed mild leukopenia, mildly increased AST (71), T4=3.2 and normal cardiac ProBNP (32) Blood pressure today was: 171/119, 183/115, 182/112mmHg, and he was nervous here.

-Pertinent previous echo findings (8/2022 MML): Small restrictive VSD, mild LA, mild LVE: 1.96cm.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 188bpm with a largely regular rhythm. rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

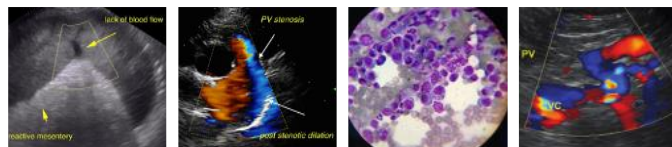
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is borderline increased in diastole. A small restrictive VSD is seen just below the aortic valve; confirmed on color flow and Spectral. The shunt is left to right and appears high velocity (max not assessed). No right to left flow identified. The left atrium is high normal in size. Normal aortic root. The right atrium is normal in size. The right ventricle appears normal. The MPA is normal. The mitral valve is normal in structure and mobility with trace MR. trace TR. Blood flow through the RVOT Is normal in velocity. There is no pleural or pericardial effusion seen.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.5	NM	0.41	1.5	0.43	62	93
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.3	1.3	0.9	1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously diagnosed restrictive perimembranous ventricular septal defect (VSD) persists unchanged. The good news is the LA and LV are no longer dilated, suggesting this was likely a growth-related phenomenon. This would suggest risk for complication is low. No additional issues are identified, and the ECG is unremarkable.



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Small shunts without chamber dilation are often of minimal lifelong clinical significance; however, lifelong monitoring is advised. No cardiac medications are indicated at this time. Anesthetic risk is low, however mild IV fluid restriction is advised.

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Recommend recheck in 1 year to screen for any progressive dilation. Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

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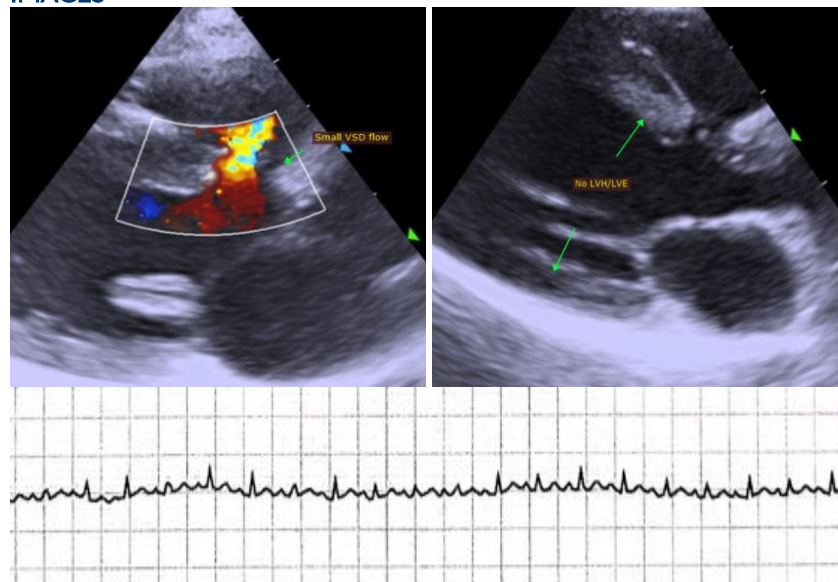
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IMAGES



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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.

IMAGING PERFORMED BY

Jennifer Todd, DVM

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.

HOSPITAL NAME

Lambs Gap Animal
Hospital

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