



**PATIENT**  
Napoleon Sturgeon

**SPECIES**  
Feline

**BREED**  
DLH

**SEX**  
Male Neutered

**AGE**  
16 years

**WEIGHT**  
7.38lbs

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

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary  
Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
23886

**DATE**  
4/26/22

**PRESENTING CLINICAL SIGNS**

History: Napoleon was noted to have a heart murmur in June 2021. An echocardiogram done in August 2021 revealed asymmetrical LVH. A thyroid level done in January was normal. Napoleon is eating well, and his activity level remains normal. Occasional cough, but this has been going on his entire life. On exam today: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 140mmHg x 5. \*No sedation for study.  
-Pertinent previous echo findings (8/18/21 Adam Kane, DVM, DACVIM): LA 1.19 cm; LA:Ao 1.18; IVS 0.58 cm; PW 0.45 cm; normal LA size; no SAM, IVS equivocally thickened diffusely; LV free wall normal thickness: asymmetric LVH; otherwise, normal study(r/o normal variation, early myocardial disease).

**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 dimensions are largely normal with a borderline septal measurement. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.  
**Left atrium:** The left atrium is normal. No obvious smoke or thrombi seen.  
**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.  
**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Prominent aortic root. Trace aortic insufficiency.  
**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.  
**Right atrium:** The right atrium is normal in dimension.  
**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.  
**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 200bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.57
LVID diastole (cm)	1.3
PW thickness (cm)	0.53
LVID systole (cm)	0.66
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	0.98
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function persists. The septum remains borderline in dimension with no obvious progression. No additional issues are identified, and the LA remains normal. The aortic root appears enlarged with a small leak; however, the blood pressure has reportedly been normal on serial assessments. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings, this is likely a normal variant; however, follow up is advised to ensure progressive issues are not developing.



**PATIENT**

Napoleon Sturgeon

Prognosis is open.

**SPECIES**

Feline

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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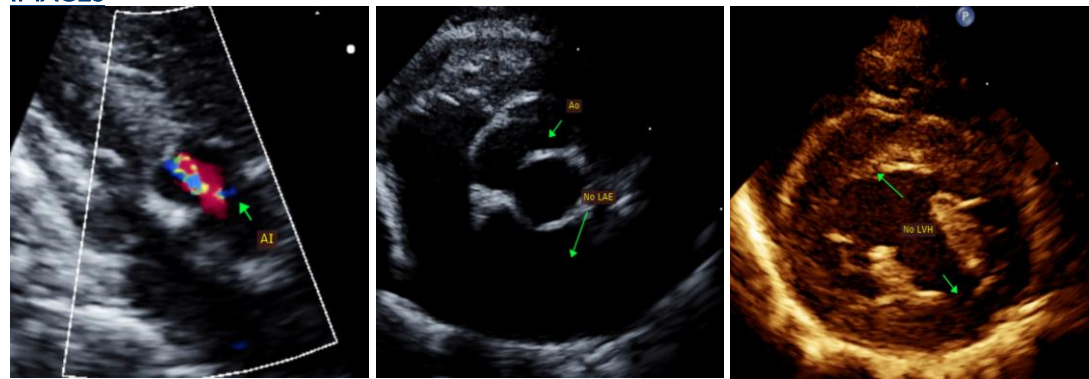
**PLAN**

- Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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**IMAGES**



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DACVIM (Cardiology)

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**

Pamela Harrigan, RDCS

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**

Mass Veterinary Services

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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**REFERRING VET**

Dr. Masloski

Echocardiogram performed by:

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

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