

PATIENT

Olivia Calgary Humane Society

SPECIES

Feline

BREED

Siamese Mix

SEX

Female

AGE

2 months

WEIGHT

3.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

S. Barthelemy, DVM

HOSPITAL NAME

Calgary Humane Society

REFERRING VET

Calgary Humane Society

INVOICE

47706

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History: Grade 4-5/6 heart murmur. CXR show cardiomegaly. Assess prior to anesthesia for hernia repair.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to decreased in dimension. The LV chamber is moderately increased in diastole. A moderate diameter perimembranous VSD is seen just below the aortic valve. The shunt is left to right; max velocity is >4.0m/s. The left atrium is severely dilated. No obvious spontaneous contrast. The right heart appears normal. The MPA and branches are dilated. The mitral valve is normal in structure and mobility with mild MR. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No AI. Mild PI. There is no pleural or pericardial effusion seen.

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	1.4	NM	0.28	2.0	0.26	41	
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	2.2	2.0	1.5		1.1	1.0	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

The cause of the murmur is a perimembranous ventricular septal defect (VSD). The defect is large in dimension, with high velocity left to right flow. Unfortunately, there is significant volume overload of the left heart, which is certainly concerning for progression in the future. An ancillary contributing issues is also possible, such as a PDA, although no obvious additional defects are observed. Consider referral in any congenital case for advanced evaluation.

VSDs in cats have variable outcomes, and lifelong monitoring is advised. The defect in this case is certainly hemodynamically significant, leading to severe volume overload at a very young age. There is great concern that this kitty may experience clinical compromise, such as CHF in the near future. The prognosis is guarded to poor long-term. Patient will always remain at risk for development of congestive signs, arrhythmias and/or sudden death in the future.



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Given the degree of LA enlargement, you could certainly argue for use of medications in this case. That being said, in a rescue situation, an alternative approach would be to simply monitor for development of clinical signs and consider euthanasia and/or treatment at that time. If elect to medicate, recommendations are as below.

Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

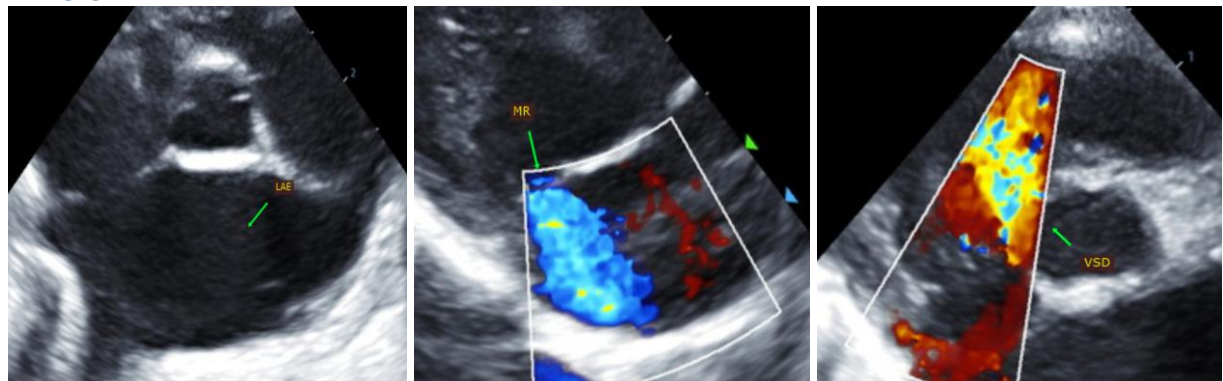
Anesthesia is not advised.

PLAN

Consider referral as discussed. If elect to medicate, compounding may be necessary due to the small size of the patient. Consider Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Consider Pimobendan 0.625mg PO q12h. Consider ACE-I 0.5mg/kg PO q12h, pending BP assessment.

Recheck echocardiogram is recommended in 6 months.

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

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