



PATIENT
Ziggy Lyons

PRESENTING CLINICAL SIGNS

History: Grade II-III/VI heart murmur. Weight loss, diarrhea, hiding. Painful abdomen. Amylase 1543. BP: 96, 99, 101mmHg. Having bi-cavity ultrasound exams.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
Ragdoll

Left ventricle: The LV diameter is normal with borderline myocardial dysfunction. The LV wall dimensions are slightly decreased. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX
Male Neutered

Left atrium: The left atrium is mildly enlarged. 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.

AGE
13 years

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 mildly enlarged.

WEIGHT
9.1lbs

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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.35
LVID diastole (cm)	1.6
PW thickness (cm)	0.38
LVID systole (cm)	0.96
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.5
TR PG (mmHg)	9

IMAGING PERFORMED BY

Pamela Harrigan,
RDCE

HOSPITAL NAME

Rhode Island Animal
Medical Center

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is mild biatrial enlargement with borderline systolic dysfunction. The LV wall thickness is slightly decreased without significant hypertrophy. These findings likely suggest early restrictive cardiomyopathy (RCM) and follow up is certainly advised. Given only mild atrial dilation, the risk for complication at this time is low. The only cause for the murmur is identified is mild to moderate TR. No additional issues are identified.

REFERRING VET

Dr. Hart

INVOICE
29986

Given these findings, no indication for medications at this time. Prognosis is guarded until progression is assessed. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.

DATE
4/3/23



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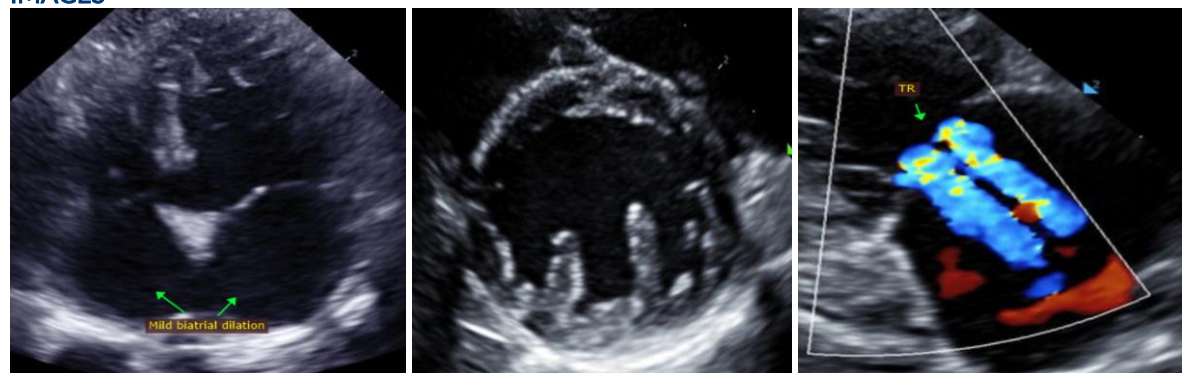
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 6months to screen for progression.

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