



PATIENT

Buddy Marchan

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

1.5 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Huson

REFERRING VET

Dr. Dima

INVOICE

30066

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Heart murmur. Assess prior to anesthesia for neuter.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. Papillary muscle fibrosis. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.5	160	0.43	1.5	0.42	60	94
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	1.4	1.5	1.45		1.0	0.97	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 only abnormality is mild left atrial enlargement without an obvious underlying cause. The LV is largely normal, although slightly more remodeled than is expected in a young cat. Serial echocardiography will be necessary to determine progression and clinical relevance. No definitive cause is identified for the murmur in this study, however the color flow is suggestive of a physiologic origin (i.e., secondary to tachycardia, volume changes, etc.). It is important to note that small congenital abnormalities are easily missed. If the murmur persists or progresses, or certainly if clinical signs arise referral is recommended.

Given these findings, no medications are indicated. Given the young age of the patient, follow-up is strongly recommended to screen for progression.

No cardiac contraindication for general anesthesia, however any cat with fibrosis will be at risk for iatrogenic IV fluid overload should they be needed.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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A recheck echocardiogram is recommended in 12 months to reassess murmur origin and screen for any evidence of progression.

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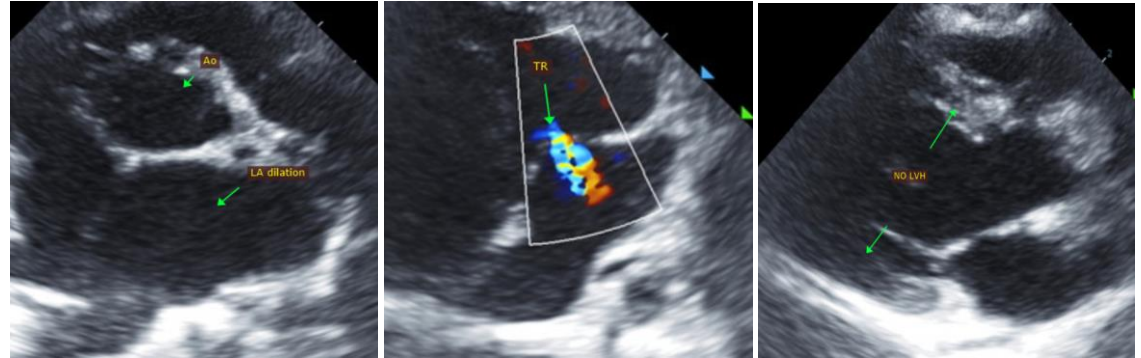
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Male Intact

IMAGES



AGE

1.5 years

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.

WEIGHT

10lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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info@sonopath.com

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