



PATIENT

Mochi Macnaught

PRESENTING CLINICAL SIGNS

History: Grade 2/6 murmur. Labs nsf; BNP pending.
Sedated with butorphanol and gabapentin.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied There is a mildly hyperechoic endocardium. The endocardium also appears mildly remodeled. The MV appears normal. A dynamic LVOTO is identified on color flow imaging (not captured on Doppler) with mild to moderate eccentric MR. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. No obvious TR. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

2 years

WEIGHT

5kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, CVT

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	5	220	0.59	1.65	0.58	43	78
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	1.0	1.1	1.0		1.4	1.4	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

Overtly normal cardiac structure and function. The murmur is due to a dynamic LVOT obstruction and mitral regurgitation secondary to abnormal valve movement at elevated heart rates. There is no significant LV hypertrophy, although regions do measure borderline. These changes in total may be indicative of early cardiac disease (HOCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. A screening BP and T4 are recommended.

HOSPITAL NAME

Headon Forest
Animal Hospital

REFERRING VET

Dr. Martin

In patients with persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and borderline normal LA/LV dimensions, no medications are clearly indicated.

INVOICE

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From a structural standpoint, anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as

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acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

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A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

IMAGES

BREED

DSH

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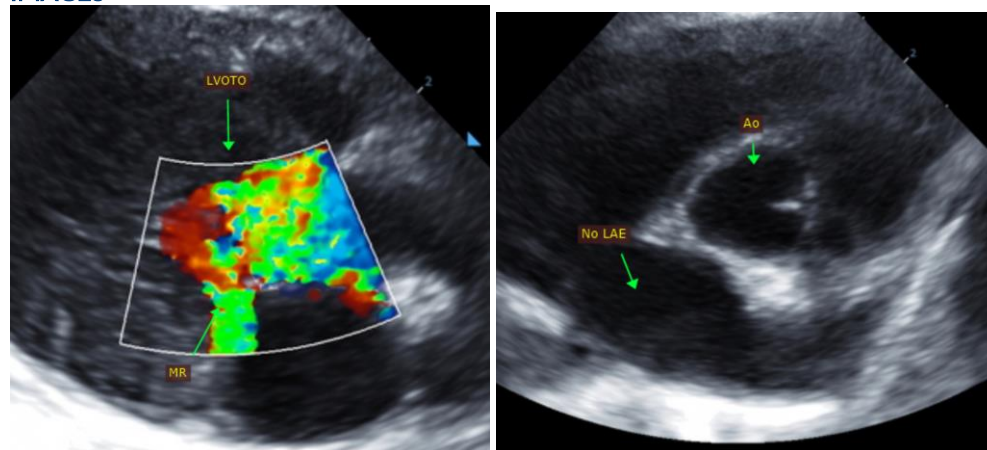
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

Thank you for this referral. 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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