



PATIENT
Chanel Kockarova

PRESENTING CLINICAL SIGNS

History: History of grade III/VI systolic murmur. Currently on prednisolone 5 mg, 1/2 t EOD and chlorambucil 5 mg/mL - 0.2 mL MWF for red blood cell hypoplasia. CBC - HCT 34.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
Perisan

Left ventricle: The LV diameter is irregular with a borderline septal bulge and regions of thinning along the posterior wall. The LV wall thicknesses are largely normal with a borderline posterior wall. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

SEX

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Female Spayed

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

AGE

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

13 years

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

WEIGHT

Right atrium: The right atrium is normal in dimension.

6.8lbs

Tricuspid valve: The tricuspid valve appears normal with trace 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.

INTERPRETED BY

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.06
LA diam (cm)	1.08
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.54
LVID diastole (cm)	1.58
PW thickness (cm)	0.39
LVID systole (cm)	0.34
FS (%)	78

PV Vmax (m/s)	0.91
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness does not show significant hypertrophy; however, there is irregularity with regions of thinning. This should certainly be monitored going forward for development of early restrictive or unclassified disease. Regardless, there is no evidence of elevated left atrial pressure, and the remainder of the exam is normal. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

INVOICE

24196

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.

DATE

5/15/22



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- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

SPECIES
 Feline

PLAN

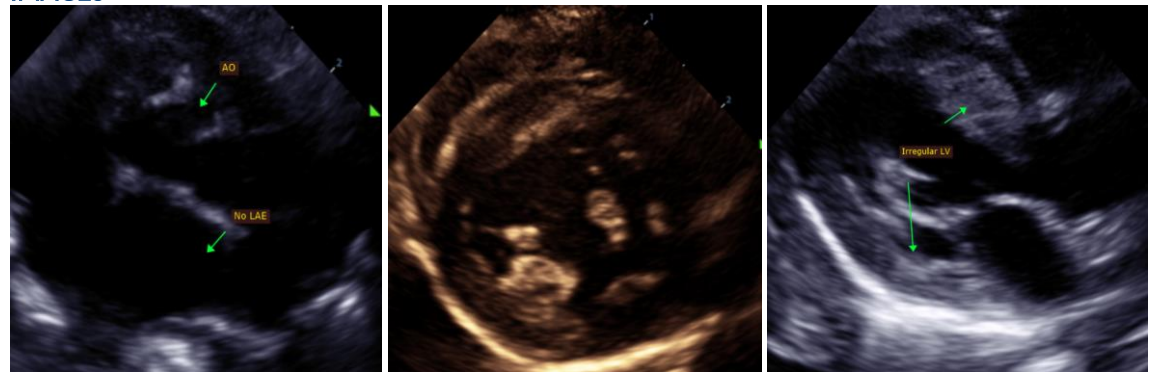
- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

BREED
 Perisan

IMAGES

SEX

Female Spayed



AGE

13 years

WEIGHT

6.8lbs

INTERPRETED BY

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 Lamy, DVM
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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.

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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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 Hospital

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