



PATIENT

Lucky Driskell

PRESENTING CLINICAL SIGNS

History: Progressive heart murmur, now grade II-III/VI; no clinical signs. BP: 145mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

BREED

DSH

Left atrium: The left atrium is mildly increased in size. No obvious spontaneous contrast or thrombi seen.

SEX

Male Neutered

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

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

AGE

6 years

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

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

WEIGHT

16.8lbs

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 230bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.47
LVID diastole (cm)	1.7
PW thickness (cm)	0.48
LVID systole (cm)	0.71
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. There is mild remodeling and fibrosis of the left ventricular wall, which most likely represents a normal variant. What is more concerning is the LA measures mildly enlarged, which may be indicative of early restrictive or unclassified disease or again may be a normal variant. No matter the categorical diagnosis, a cat with any degree of LA enlargement should be followed up closely, as there is evidence of increasing LA pressure which may progress in the future. Serial echocardiography will be necessary to determine progression. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

HOSPITAL NAME

Firehouse Veterinary
Clinic

REFERRING VET

Dr. Fleming

INVOICE

24216

DATE

5/16/22

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild



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LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.

- 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 6-12 months to reassess murmur origin and screen for progressive LA dilation.

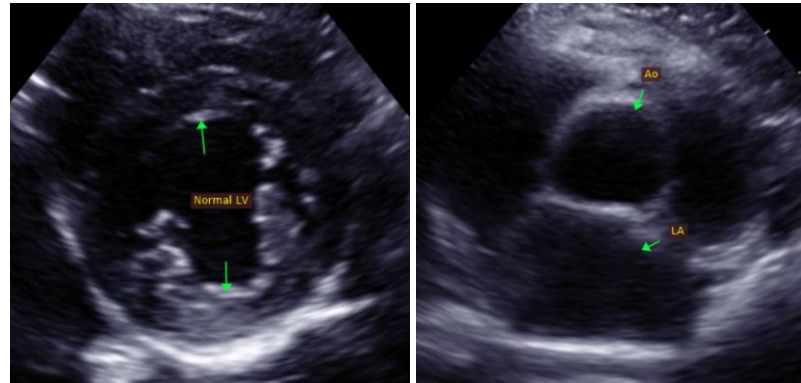
BREED

DSH

IMAGES

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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.

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

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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 Clinic

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