

**PATIENT**

Otter Cramer

**PRESENTING CLINICAL SIGNS**

History: History of moderate cerebellar hypoplasia. New grade 3/6 systolic parasternal heart murmur auscultated. Assess prior to anesthesia.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2 years

**WEIGHT**

8.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. There is trivial mitral regurgitation present. Mild tricuspid regurgitation identified. Normal TR velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

**CARDIAC CHART**

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	3.9	180	0.47	1.3	0.42	59	92
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	1.3	1.3	1.2		1.1	1.0	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.

**IMAGING PERFORMED BY**

Kim Liedberg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only abnormality identified is mild tricuspid regurgitation. TR in cats is most often physiologic, with little progression or clinical relevance. The left heart is largely normal with no evidence of hypertrophic or other congenital disease. Both atria are normal, indicating low risk for complication. No additional issues are noted.

**HOSPITAL NAME**

SVS Imaging WI

No cardiac contraindication for anesthesia at this time.

**REFERRING VET**

Dr. Panther

No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

Recommend recheck echocardiogram in 12 months to screen for progression.

**INVOICE**

24290

**IMAGES****DATE**

5/19/22

**IMAGING PERFORMED BY**

svsmobileimaging.com 309 - 737 - 3070



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**PATIENT**

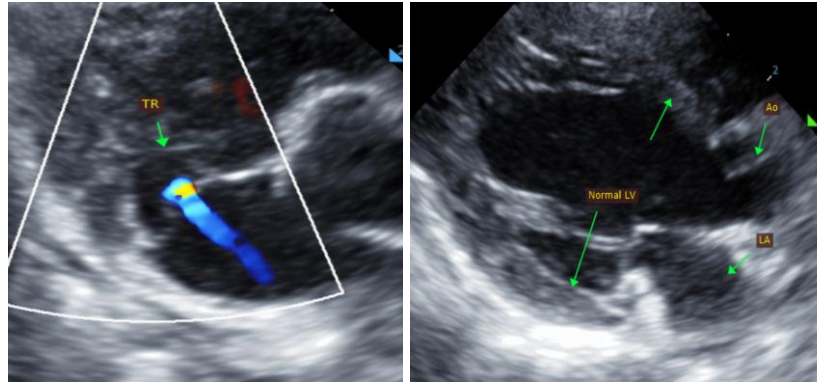
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**AGE**

2 years

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.

**WEIGHT**

8.5lbs

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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Maggie Machen Lamy,  
DVM, DACVIM  
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