



PATIENT

Chloe Davis

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Emily Kalenius, DVM

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Veneta

INVOICE

23971

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: On 4/19 rDVM presented to rDVM for anal discharge and cough, history of previously auscultated heart murmur. On 4/19 rDVM reported No murmurs noted, but odd resonance to beat rDVM thoracic radiographic written description: Increased sternal contact with heart, mild-mod interstitial pattern, particularly in perihilar area, fat or fluid in pleural space- increased opacity, some enlargement of pulm. vasculature, Abdomen- wnl (images not available). Recent labs NSF.
- Abnormal PE/Chem/CBC/UA Results: PE overweight, normal RR/RE at rest, no murmur auscultated today. Vitals wnl.

-Sedation: Gabapentin 100 mg po Butorphanol 0.2 ml + alfaxan 0.5 ml IM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. The LV chamber is decreased in size. There is mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are hyperechoic and slightly enlarged. 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	212	0.57	0.9	0.57	72	97
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.6	1.3	1.1		0.9	1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The left ventricular wall thickness is borderline which may reflect early hypertrophic disease or may simply be a normal variant. The LV chamber is decreased in size, and this may also simply reflect pseudohypertrophy. The recent lab work is unremarkable, making this unlikely. Regardless, follow up is advised to determine significance. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin. Given these findings and a normal LA dimension, no medications are indicated.

These findings would suggest impending CHF is unlikely. Radiologist review of the films may be beneficial.



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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

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Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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Baseline BP and T4 are recommended.

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Recommend recheck echocardiogram in 6-12 months to screen for progressive issues and development of disease the pre-existing murmur may mask.

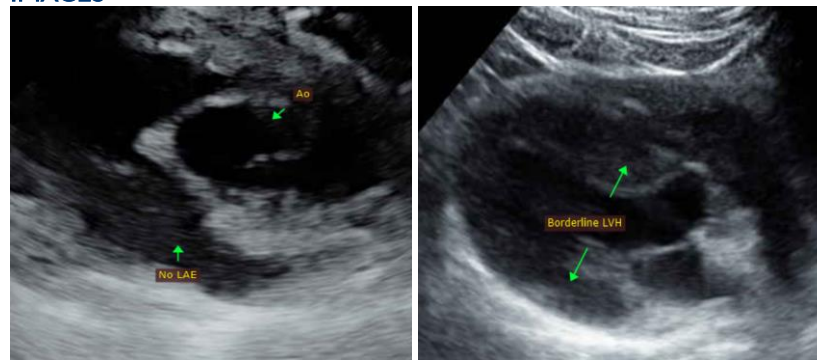
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IMAGES

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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

Emily Kalenius, DVM

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.

HOSPITAL NAME

Willamette Veterinary
Hospital

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