



PATIENT
Hector DeAlmeida

PRESENTING CLINICAL SIGNS

History: Wheezing. No murmur. Sedated with torb/midazolam, Radiographs: Soft tissue mineral opacity in right cranial lung lobe.

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 is normal. The endocardium is normal. The papillary muscles are normal.

BREED
DSH

Left atrium: The left atrium is minimally dilated. 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
2 years

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

Right atrium: The right atrium is mildly dilated.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

WEIGHT
13lbs

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

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)	0.46
LVID diastole (cm)	1.78
PW thickness (cm)	0.50
LVID systole (cm)	0.80
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.81
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,
RDCE

INTERPRETATION OF THE FINDINGS

The only abnormality identified is mild biatrial enlargement. In a relatively young kitten, this may reflect a normal variant; however, there is concern for unclassified disease. No additional issues are identified, such as LV hypertrophy or an outflow tract obstruction.

HOSPITAL NAME
Pine Banks Animal Hospital

Given these findings, no cardiac cause for the wheezing is identified. Further pulmonary evaluation may be beneficial and/or a course of Azithromycin to cover infectious etiologies. If persistent, further evaluation is recommended.

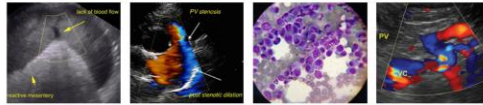
REFERRING VET
Dr. Syed

RECOMMENDATIONS

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

INVOICE
24401

DATE
5/22/22



PATIENT
 Hector DeAlmeida

- 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

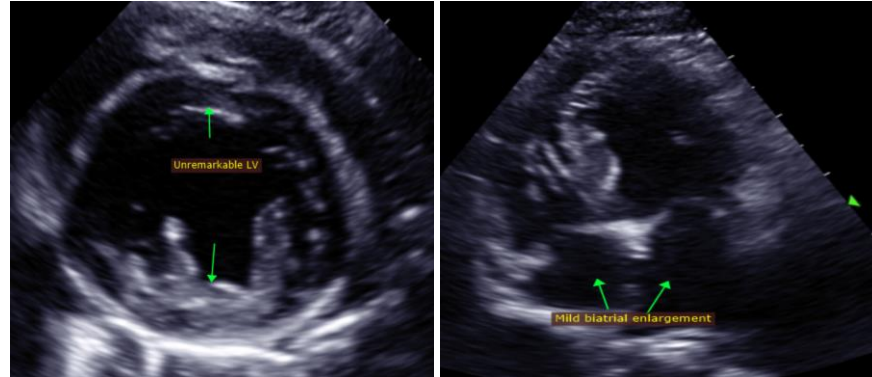
- PLAN**
- Recommend recheck echocardiogram in 6-12 months.

BREED
 DSH

SEX
 Male Neutered

AGE
 2 years

IMAGES



WEIGHT
 13lbs

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. 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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 info@sonopath.com

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Pine Banks Animal
 Hospital

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