



PATIENT PRESENTING CLINICAL SIGNS

Tony Morse

History: Elevated ProBNP (June 2021) but no audible murmur at that time. ProBNP has been slowly rising for several years. Grade 2/6 heart murmur.

SPECIES

Feline

-Current medications: On Prednisolone 2.5mg three times weekly for IBD.

BREED

DLH

-Sedation: Gabapentin PO.

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is slightly asymmetric with a borderline septal thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. False tendon. Remodeled papillary muscles. The left atrium is borderline in dimension. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Mild TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

AGE

13 years

CARDIAC CHART

WEIGHT

9lbs

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	4.1	NM	0.54	1.3	0.47	52	90
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	1.49	1.5	1.4		1.0	1.0	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**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

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of the murmur identified is mild tricuspid regurgitation. This may or may not be heard on exam and a physiologic origin is also possible. Regardless, this appears hemodynamically insignificant. Of more importance, there is mild LA enlargement with a borderline septal bulge. This may reflect hypertrophic disease or an alternative pathology, such as UCM. A normal variant is also possible; however, a progressive BNP elevation is concerning in light of this finding. A BP and T4 are strongly recommended. No additional issues are identified in this study.

REFERRING VET

Dr. Fortin

Regardless, anesthetic risk is considered mild at this time; however, judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). No obvious contraindication for steroid therapy.

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DATE

5/24/22



PATIENT

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).
No cardiac medications are clearly indicated.

Tony Morse

SPECIES

A recheck echocardiogram is recommended in 6-12 months to screen for progressive LA dilation and reassess murmur origin.

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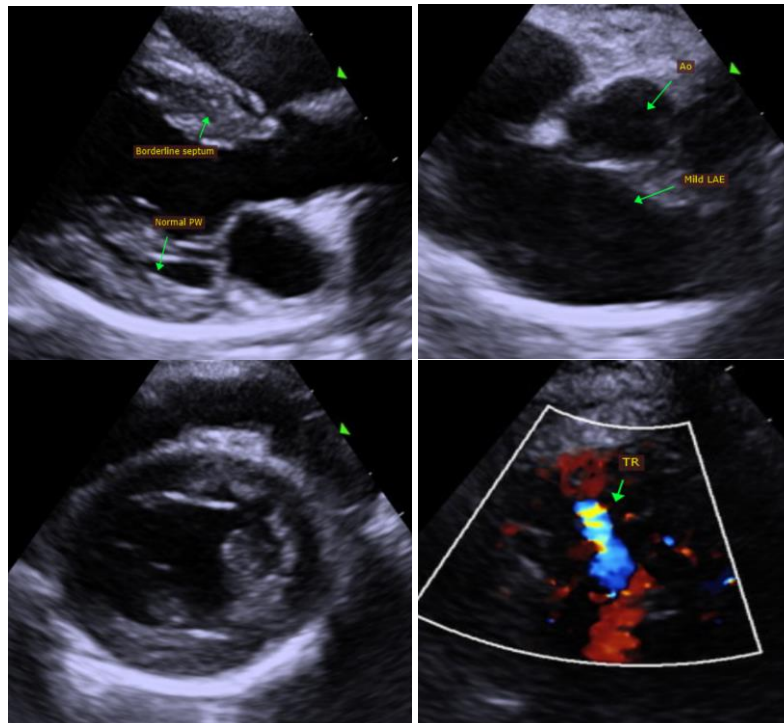
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IMAGES



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.

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