



PATIENT

Smokey Dee

PRESENTING CLINICAL SIGNS

History: New murmur ausculted. Asymptomatic.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall is normal. The tricuspid valve appears normal in form with trace central tricuspid regurgitation present, likely secondary to annular stretch. Velocity measures normal. Moderate right atrial dilation. Moderate to severe right ventricular dilation/hypertrophy and remodeling indicative of pressure overload. Flattening of the IVS. The pulmonic outflow velocity is normal with no obvious pulmonic stenosis. Trace pulmonic insufficiency. Turbulent color flow imaging is noted through the distal pulmonary artery branches. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted. No tumors are seen.

BREED

Persian Chinchilla

SEX

Male

CARDIAC CHART

AGE

20 months

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.5	NM	0.4	1.2	0.44	50	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	NM	1.2	1.0		1.0	0.95	NM

WEIGHT

7.7lbs

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

Gemma O'Donoghue, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unusual case. The most significant finding is severe RV hypertrophy with right atrial enlargement. The MPA is not significantly dilated; however, turbulence is seen throughout the visible peripheral branches. This is suspicious for pathology such as a branch pulmonic stenosis, although it is unusual the MPA is not dilated. Other possibilities include pulmonary venous stenosis or an atypical extra-cardiac shunt, etc. A small tricuspid leak is noted which is hemodynamically insignificant; however, the velocity measures normal which is also unexpected. The left heart appears normal, and no obvious additional issues are identified.

HOSPITAL NAME

Petscan

REFERRING VET

Dr. O'Donoghue

INVOICE

24000

These findings are inconclusive as to a definitive diagnosis. A limitation of 2D ultrasound is a lack of visualization of the peripheral anatomy. **Highly recommend referral given the degree of right heart enlargement seen here, as this is clearly a hemodynamically significant problem.** Advanced imaging will likely be recommended, such as bubble study, CT/angiogram, etc. If declined, given a relatively asymptomatic status I would not necessarily utilize medications at this time. Going forward, if the patient experiences exertional syncope or ataxia, consider use of Atenolol.

DATE

5/3/22



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Prognosis is guarded given degree of right heart changes with risk for right-sided CHF, development of arrhythmias, and/or sudden death in the future.

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Risk for general anesthesia is certainly elevated and should be avoided prior to further diagnostics.

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Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SEX

Male

PLAN

No medications are indicated. Highly recommend referral for advanced imaging in search of a definitive diagnosis. If referral is declined and patient experiences any exertional collapse or ataxia, Atenolol can be utilized: 25mg tablets, give ¼ tab PO q24h and assess response. Baseline BP and CXR are recommended.

AGE

20 months

If referral is declined, recommend recheck echocardiogram in 6 months, sooner if any clinical decline.

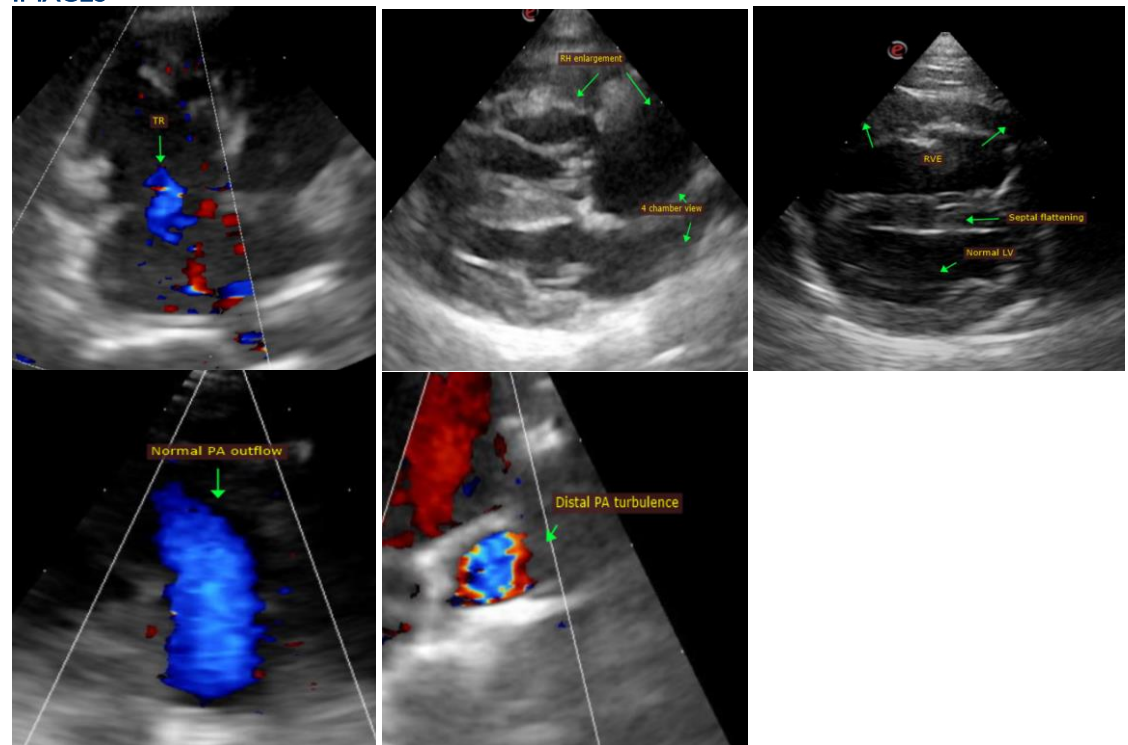
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IMAGES

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Maggie Machen Lamy,
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(Cardiology)



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Gemma O'Donoghue, DVM

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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.

SPECIES

Feline

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.

BREED

Persian Chinchilla

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

SEX

Male

AGE

20 months

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DVM, DACVIM
(Cardiology)

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O'Donoghue, DVM

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