

PATIENT

Wicket Veilleux

PRESENTING CLINICAL SIGNS

History: Grade II/VI sternal heart murmur. Good appetite and energy. BP: 180mmHg x 5. *Sedated with propofol for study

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 are normal. The papillary muscles are normal in size. The LV endocardium appears remodeled and fibrotic with false tendons.

BREED

Bengal

Left atrium: The left atrium is normal in dimension. 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. Trace MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE

10 months

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

Right atrium: The right atrium is normal in dimension.

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

11lbs

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.0
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.45
LVID diastole (cm)	1.56
PW thickness (cm)	0.45
LVID systole (cm)	0.63
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The LV is certainly more remodeled and fibrotic than I would expect in a kitten, and this should be monitored going forward. No obvious congenital defects are seen at this time. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised due to LV fibrosis.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

INVOICE

24031

DATE

5/4/22



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Wicket Veilleux

PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for progression.

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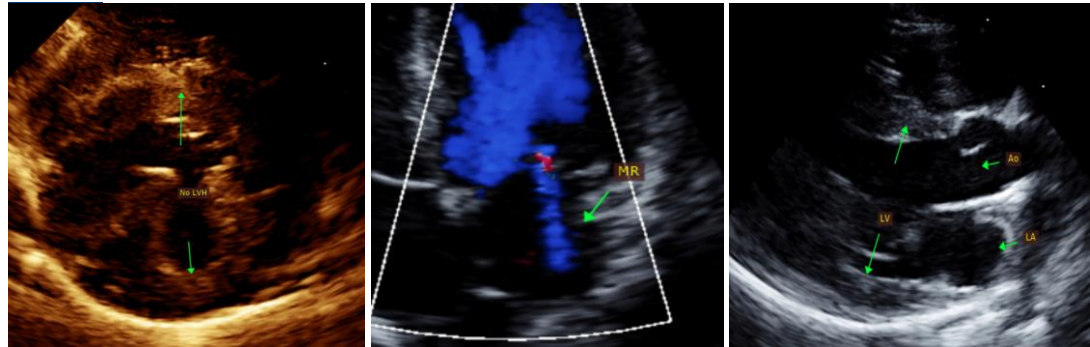
WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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