



**PATIENT**

Percy Patitto

**SPECIES**

Feline

**BREED**

Scottish Fold

**SEX**

Male

**AGE**

9mo

**WEIGHT**

6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

The Venturing Vet

**REFERRING VET**

Dr. Herzog

**INVOICE**

24041

**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur auscultated this morning. Assess prior to anesthesia for neutering.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Non-diagnostic study. What can be said is the right atrium is markedly enlarged. The tricuspid valve appears thickened and there is severe tricuspid regurgitation. Standard images are distorted; however, an endocardial cushion defect is suspected. The MV is not visualized, likely supporting a common AV valve. Marked MPA and branch dilation. The LA appears normal. No obvious LVH. No pericardial or pleural effusion identified.

**CARDIAC CHART**

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	2.7	NM				>50	
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	1.3	1.3		0.82	1.4	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 &amp; 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**

Complex congenital heart disease is identified without a definitive diagnosis. What can be said is the right heart is markedly dilated as is the main pulmonary artery. This is suspected to reflect an endocardial cushion defect; however, this is purely speculative. Standard imaging is unable to be obtained due to anatomic distortion and immediate referral should be elected.

Prognosis is guarded to poor long term given the severity of these findings, independent of the diagnosis. No medications are indicated prior to a definitive diagnosis in an asymptomatic patient.

If referral is declined, anesthesia should certainly not be performed. This patient is at extremely high risk for complications as it is let alone under anesthesia.

**PLAN**

Immediate referral is advised to determine definitive diagnosis and treatment plan. If declined, reassess in 3 months, sooner if clinical signs arise.



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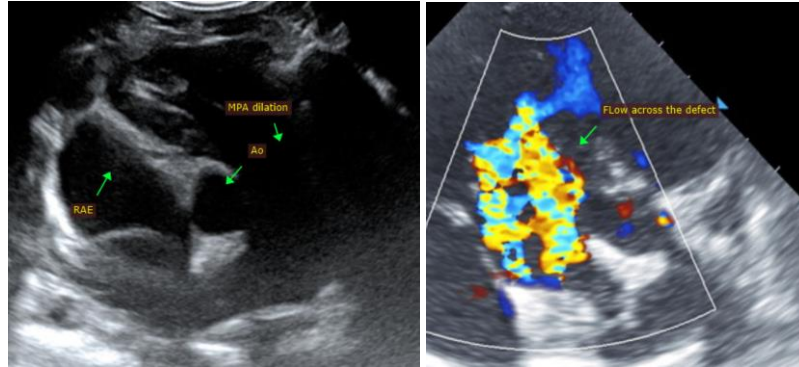
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**IMAGES**



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. 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