



PATIENT

Yani Dream Stiemke

SPECIES

Feline

BREED

Persian

SEX

Male Neutered

AGE

2 years

WEIGHT

8.55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

PRESENTING CLINICAL SIGNS

History: 2 random episodes of disorientation and stiffening of forelimbs for past 3 to 4 weeks. 10/2/20 a grade 2/6 systolic heart murmur noted on exam. 4/26/22 a 3-4/6 systolic heart murmur was noted.

-Abnormal lab results: Glob: 2.9, ProBNP: 558.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The anterior leaflet of the MV appears mildly elongated. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the RVOT is normal. Blood flow through the LVOT is elevated on color flow imaging and SAM is seen on 2D imaging (not captured on doppler). There is mild mitral regurgitation. No AI or PI. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

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	3.9	200	0.52	1.6	0.51	57	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	1.3	1.3	1.25		0.96	1.1	NM

**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.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is mitral valve dysplasia leading to a mild dynamic LVOT obstruction, secondary to abnormal valve movement. Fortunately, there is no evidence of hemodynamic significance at this time, with normal LV wall dimensions and a normal left atrium. In a 2-year-old cat, monitoring is advised to screen for clinical significance; however, concern at this time is low.

In patients with a persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and a normal left atrial dimension/no LVH, no medications are clearly indicated.

Unless the episodes are occurring with significant exertion/heart rate stimulation, these findings are unlikely to be related to the episodes. Consider other possible causes.

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Shaughnessy

INVOICE

24051

DATE

5/5/22



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Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction.

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A recheck echocardiogram is recommended in 12 months, sooner if any clinical signs arise.

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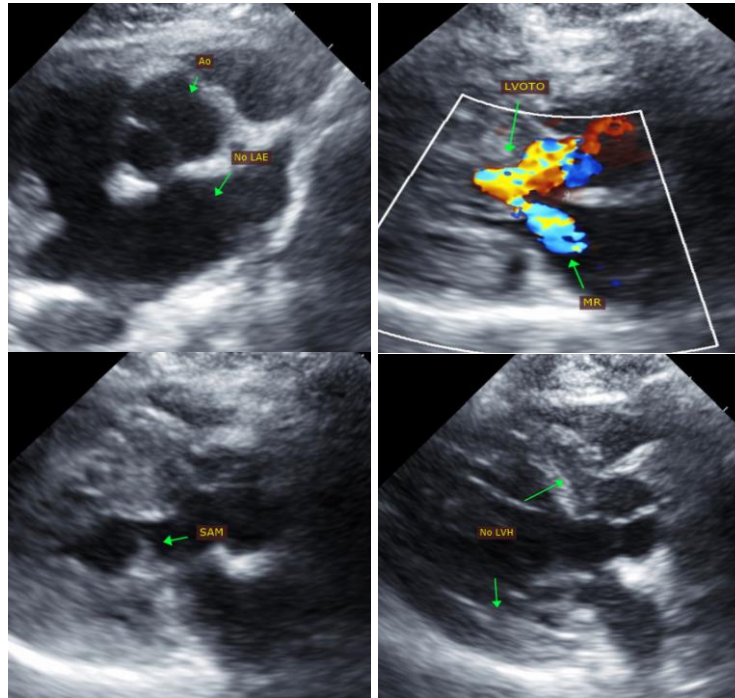
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kim Liedberg

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.

HOSPITAL NAME

SVS Imaging WI

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