


PATIENT

Hunter Mead

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Grade 2/6 heart murmur.

-Sedation: Gabapentin.

-Pertinent previous echo findings (7/2021 MML): mild MR. LA: 1.2, IVSd: 0.51, LVWd: 0.50.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. MV appears normal with trace mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No obvious TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

BREED

DLH

SEX

Male Neutered

CARDIAC CHART
AGE

3 years

WEIGHT

11.5lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

24776

DATE

6/14/22

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	200	0.52	1.37	0.48	54	88
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.2		1.5	1.2	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

Compared to the prior study, there is no evidence of progressive issues. The MR is less apparent than previous, without LA or LV dilation. The LV wall thickness remains normal, and no addition issues are identified.

Given these findings, no medications are indicated. Continue monitoring is advised lifelong to screen for any progressive changes.

The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

Monitor for any signs of progressive heart disease at home, including breathing changes or signs of a blood clot even (paralysis, mentation change, etc.).

Recheck echocardiogram is recommended annually, sooner if clinical signs arise.



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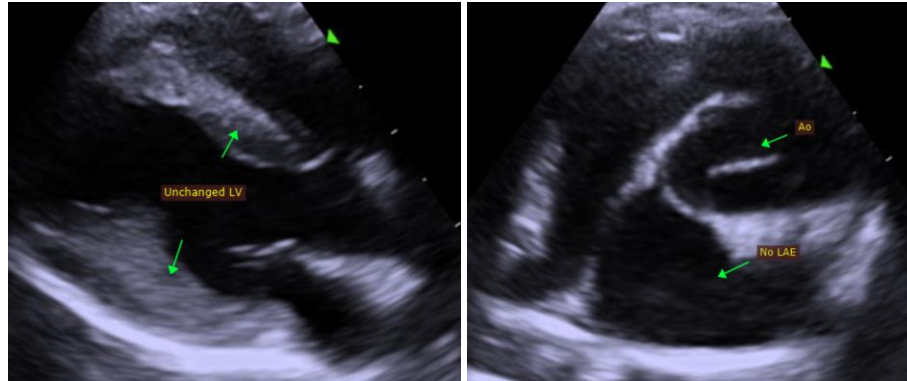
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IMAGES



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. 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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