



**PATIENT**

Nigel Lundin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

11.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Eduardo Rodriguez  
III, RCS

**HOSPITAL NAME**

Mendon Animal Clinic

**REFERRING VET**

Dr. Cervasio

**INVOICE**

31357

**DATE**

6/15/23

**PRESENTING CLINICAL SIGNS**

History: Presented to Tufts for potential asthma attack. CXR showed cardiomegaly. Feline ProBNP normal. Hair loss on pinnae. Roundworm positive. Cardiac silhouette moderately enlarged. Diffuse bronchial pattern. Chronic lower airway disease. On 1) Tresaderm, 2) Methylprednisolone 4mg: 1 PO SID, 3) Profender 5/18, 4) Panacur x10 days for lungworm.

**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 endocardium is normal. The papillary muscles are normal.  
**Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

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

**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.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.4
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.43
LVID diastole (cm)	1.3
PW thickness (cm)	0.42
LVID systole (cm)	0.82
FS (%)	38

**Doppler Measurements**

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	0.84
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Normal cardiac structure and function are documented in this study. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. These findings make Cardiomegaly on chest radiographs a normal variant, and they should be used as baseline of future comparison.

Given these findings, the prior respiratory signs are certainly non-cardiac in origin, and primary respiratory disease is likely.



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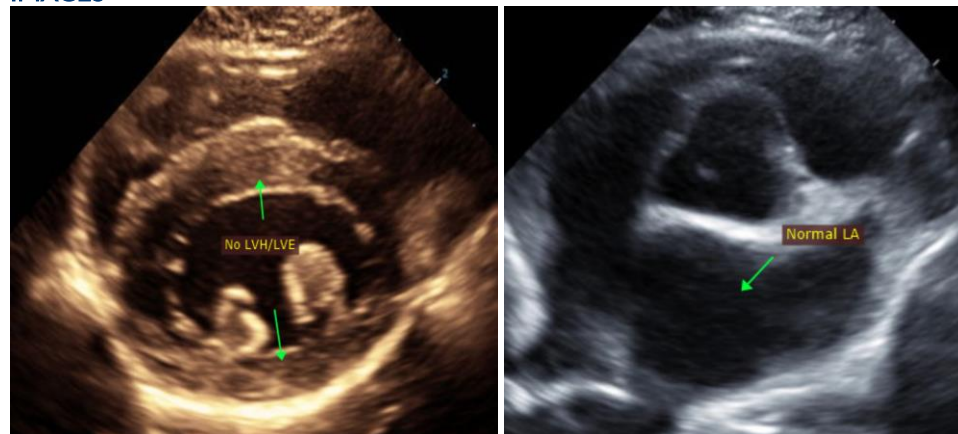
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram should a murmur, gallop, or clinical signs of cardiac decompensation develop in the future.

**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**  
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Echocardiogram performed by: Eduardo Rodriguez III, RCS  
 Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))