

PATIENT

Noah Buckley

PRESENTING CLINICAL SIGNS

History: Grade II-III/VI systolic murmur; no clinical signs. BP: 220-225 mmHg (calm demeanor).

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 borderline increased. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

BREED

DMH

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. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild to moderate aortic insufficiency. The ascending segment of the aorta is significantly dilated.

AGE

11 years

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.

WEIGHT

9.9lbs

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.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.2
LA:Ao (Swe)	0.9
IVS thickness (cm)	0.50
LVID diastole (cm)	1.38
PW thickness (cm)	0.53
LVID systole (cm)	0.40
FS (%)	69

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDMS

HOSPITAL NAME

Wignall Animal
 Hospital

INTERPRETATION OF THE FINDINGS

The abnormal findings in this study are all markers of systemic hypertension, including a dilated aorta, aortic insufficiency and borderline LV hypertrophy. The LA is normal indicating low cardiac cause for complication at this time. No cause for the murmur is identified in this study, making it likely physiologic in origin.

REFERRING VET

Dr. Cramb

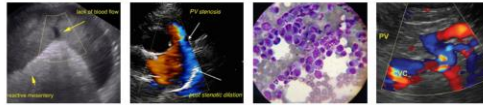
These findings, in addition to the reported blood pressure are consistent with pathologic systemic hypertension and immediate institution of Amlodipine is recommended as below. Additionally, screening for underlying causes of SHT is recommended, such as PLN. Primary SHT is relatively uncommon and is a rule out diagnosis. Follow up/consultation with an IM Specialist may be beneficial if difficult to control.

INVOICE

24553

DATE

6/2/22



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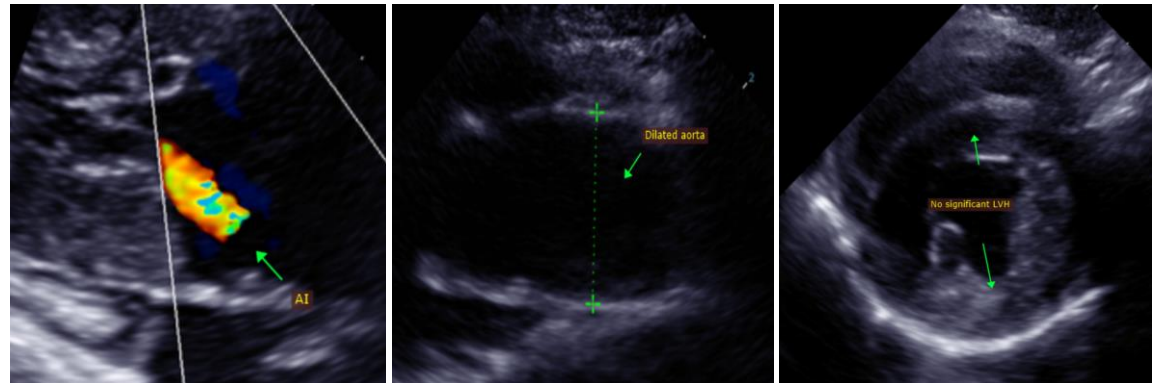
RECOMMENDATIONS

- Given these findings, no cardiac specific medications are indicated.
- Institute Amlodipine to effect with target BP <150mmHG in hospital.
- Screen for underlying SHT, consider referral, etc.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- No cardiac contraindication for general anesthesia once the BP is addressed.

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for improvement versus progression is structural findings.

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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