



**PATIENT**  
Bess Montgomery

**PRESENTING CLINICAL SIGNS**

History: Grade IV/VI heart murmur; no clinical signs - good appetite and normal energy/activity. Borderline cardiomegaly noted on radiographs. BP: **214, 217, 223mmHg** (sedated with gabapentin).

**SPECIES**  
Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**BREED**  
DLH

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal. There is a mildly hyperechoic endocardium consistent with mild fibrosis. False tendon. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**SEX**

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

Female Spayed

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

**AGE**

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

14 years

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**WEIGHT**

**Right atrium:** The right atrium is normal in dimension.

10.7lbs

**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.

**INTERPRETED BY**

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 170bpm.

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

**Doppler Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.44
LVID diastole (cm)	1.2
PW thickness (cm)	0.46
LVID systole (cm)	0.6
FS (%)	53

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Pine Banks Animal  
Hospital

**REFERRING VET**

Dr. Jabar

**INVOICE**

24870

**DATE**

6/20/22

**INTERPRETATION OF THE FINDINGS**

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

The aorta is quite dilated and the reported BP is markedly elevated. These readings should be reassessed for accuracy/persistence, particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a



**PATIENT**  
 Bess Montgomery

relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

**SPECIES**  
 Feline

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- Reassess BP and treat if indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**BREED**  
 DLH

**SEX**

Female Spayed

**AGE**

14 years

**PLAN**

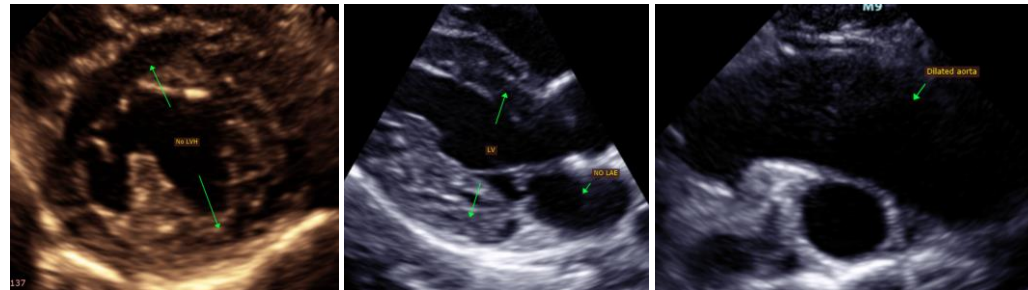
- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

**WEIGHT**  
 10.7lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

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.

**HOSPITAL NAME**

Pine Banks Animal  
 Hospital

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.

**REFERRING VET**

Dr. Jabar

**Maggie Machen Lamy, DVM**  
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