



**PATIENT**

Pokie Davis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

13.75lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Santa Clara Animal  
 Hospital

**REFERRING VET**

Dr. Elsbree

**INVOICE**

234912

**DATE**

6/21/22

**PRESENTING CLINICAL SIGNS**

History: 5/2/22- Presented for coughing for a couple months, some sneezing, congestion, slightly lethargic. On exam- noted a loud heart murmur and clear nasal discharge. He was anxious and slightly aggressive. Azithromycin + gabapentin sent home to give before recheck. 5-18-2022- presented for recheck and was not improving. Harsher respiratory sounds were heard and the loud murmur was still present. Moderate dehydration

-Blood pressure: 160mmHg.

-Current medications: Prednisolone 5mg 1/2 tb EOD (controlling asthma); finished azithromycin.

-Radiographs 5-18-2022: Thoracic x-rays show a collapsed right middle lung and mild bronchial pattern. 6-21-2022: Similar appearance. Slight improvement of bronchial pattern.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 190bpm (range 180-200bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium is fibrotic with mild remodeling. The left atrium is borderline normal in size. The MV appears largely normal. Mild eccentric mitral regurgitation. Normal velocity. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. Mild TR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

**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	6.2	188	0.53	1.3	0.50	37	71
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	NM	1.4	1.3		0.8	0.9	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.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

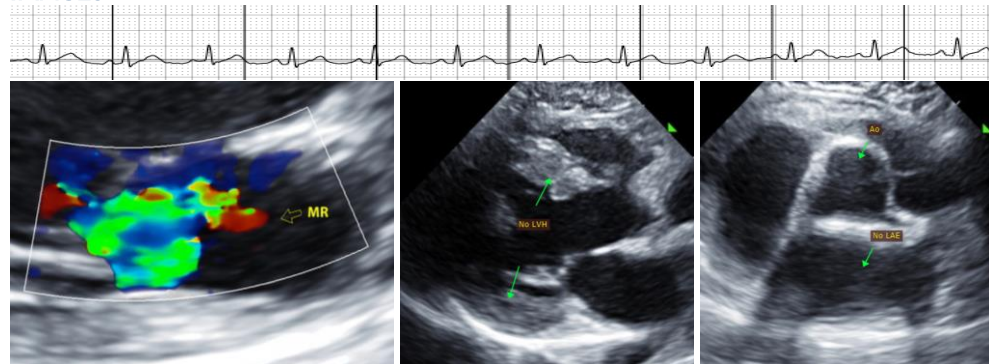
The cause of the murmur is mild mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MR may represent early valve disease similar to as seen in dogs, and serial monitoring is advised. LA and LV dimensions are normal, which does confer a low risk for complication at this time; however, this should be monitored going forward. No medications are clearly indicated at this time. If not recently performed, a screening BP is recommended with medical management if indicated.

A cough in this patient is likely primary respiratory in origin, given a lack of suspected cardiac causes. Recommend further work up and treatment as dictated by CXR results.

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.

Recheck echocardiogram is recommended in 6-12 months, sooner if development of any clinical signs.

**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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