



PATIENT

Miss Diva Leach

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

PRESENTING CLINICAL SIGNS

History: Grade 3/6 holosystolic parasternal murmur noted. Irregularly irregular rhythm noted (dropped 2 beats in 1 min auscultation). Gabapentin for sedation. Assess prior to dental. Abnormal PE/Chem/CBC/UA Results (5/22): ProBNP 202 and Iris Stage 2 renal disease.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. The aortic root is normal in dimension. Acute dilation of the ascending segment is noted. Hyperechoic soft tissue is seen associated with the region; however, the origin cannot be visualize (intra versus extra-vascular). No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	2.9	120	0.37	1.33	0.45	45	80
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	1.0	1.0		0.9	1.0	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.

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. Fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Of note, the ascending aortic segment is acutely dilated, which is of unknown significance. A blood pressure should certainly be assessed to rule out systemic hypertension. There is also exuberant, soft tissue noted around the region. This is suspected to be normal fat deposition that is simply overlying the vessel; however, further evaluation may be warranted. This includes 3-view chest radiographs (with a Radiologist review), advanced echocardiography (with a local Cardiologist), +/- a thoracic CT scan.

Given these findings and a normal LA dimension, no medications are indicated.



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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

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Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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DSH

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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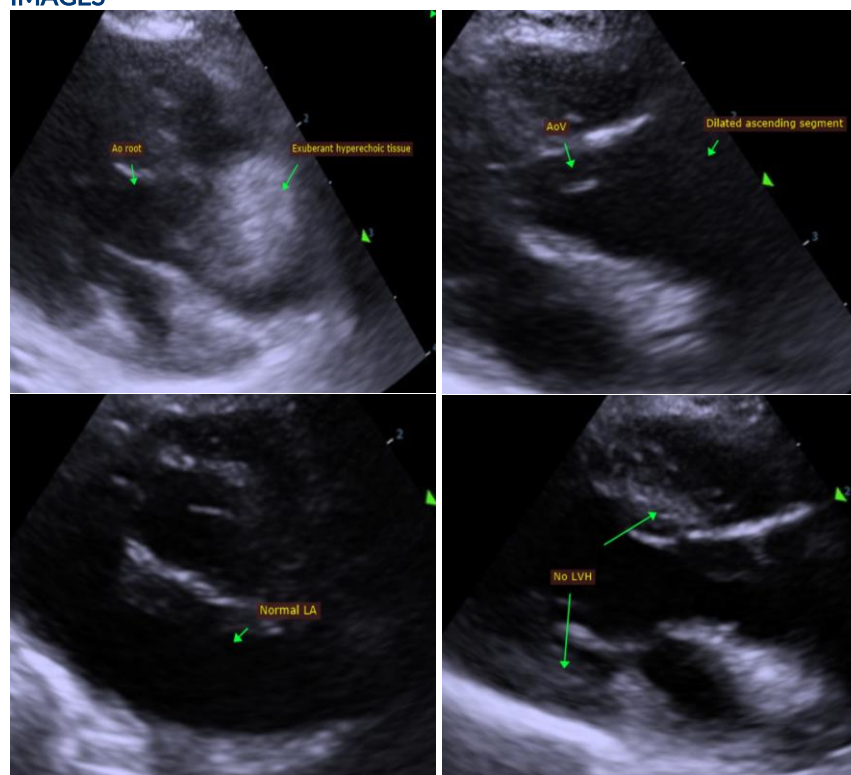
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IMAGES



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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.

REFERRING VET

Dr. Chadbourne

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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