



**PATIENT**  
Rex Murray

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI systolic murmur; no clinical signs. BP: 139, 139, 143, 146mmHg

**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 septum measures borderline in dimension; however, the remainder of the LV walls are normal.

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

**BREED**  
DLH

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

**SEX**  
Male Neutered

**Mitral valve:** The mitral valve is normal in structure. No systolic anterior motion is appreciated. No mitral regurgitation.

**AGE**  
13 years

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

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

**WEIGHT**  
9.2lbs

**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.

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

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

|                    |      |
|--------------------|------|
| Ao diam (cm)       | 1.0  |
| LA diam (cm)       | 1.3  |
| LA:Ao (Swe)        | 1.3  |
| IVS thickness (cm) | 0.57 |
| LVID diastole (cm) | 1.2  |
| PW thickness (cm)  | 0.47 |
| LVID systole (cm)  | 0.6  |
| FS (%)             | 53   |

**Doppler Measurements**

|                |      |
|----------------|------|
| PV Vmax (m/s)  | 0.66 |
| AoV Vmax (m/s) | 0.96 |
| MR Vmax (m/s)  | NA   |
| TR Vmax (m/s)  | NA   |
| TR PG (mmHg)   | NA   |

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

Essentially normal cardiac structural and function. The septum is borderline in dimension; however, the remainder of the LV is normal. No obvious cause for the murmur is identified, making it likely physiologic in origin and the LA appears normal.

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Thomas

Given these findings, no medications are indicated. Prognosis is guarded prior to screening for progression.

**RECOMMENDATIONS**

**INVOICE**  
25076

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided

**DATE**  
6/30/22



**PATIENT**  
 Rex Murray

unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

**SPECIES**  
 Feline

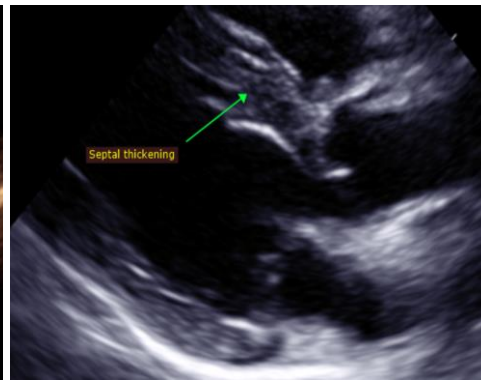
**PLAN**

- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

**BREED**  
 DLH

**IMAGES**

**SEX**  
 Male Neutered



**AGE**  
 13 years

**WEIGHT**  
 9.2lbs

**INTERPRETED BY**  
 Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**  
 Pamela Harrigan,  
 RDCS

**Maggie Machen Lamy, DVM**  
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**HOSPITAL NAME**  
 Wignall Animal  
 Hospital

**REFERRING VET**  
 Dr. Thomas

**INVOICE**  
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