

PATIENT **PRESENTING CLINICAL SIGNS**
Birdie Wettach
History: Grade III/VI heart murmur; no clinical signs. Arrhythmia noted. BP: 130, 136, 138mmHg.

SPECIES **ECHOCARDIOGRAM FINDINGS**
Feline
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 normal. The papillary muscles are normal. The endocardium appears mildly hyperechoic and remodeled.
BREED **Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
DSH
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
SEX **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Female Spayed
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
AGE **Right atrium:** The right atrium is normal in dimension.
2 years
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
WEIGHT **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.
12.8lbs
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

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)	0.50
LVID diastole (cm)	1.6
PW thickness (cm)	0.47
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME
Wignall Animal Hospital
Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No cause for the murmur is identified in this study (likely due to sedation), making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

REFERRING VET
Dr. Dietrich
An arrhythmia is noted in the history; however, this is not readily apparent. Consider a full ECG evaluation if suspicion persists.

INVOICE
Prognosis is open.

31633

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.

DATE
6/30/23



PATIENT
 Birdie Wettach

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SPECIES
 Feline

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

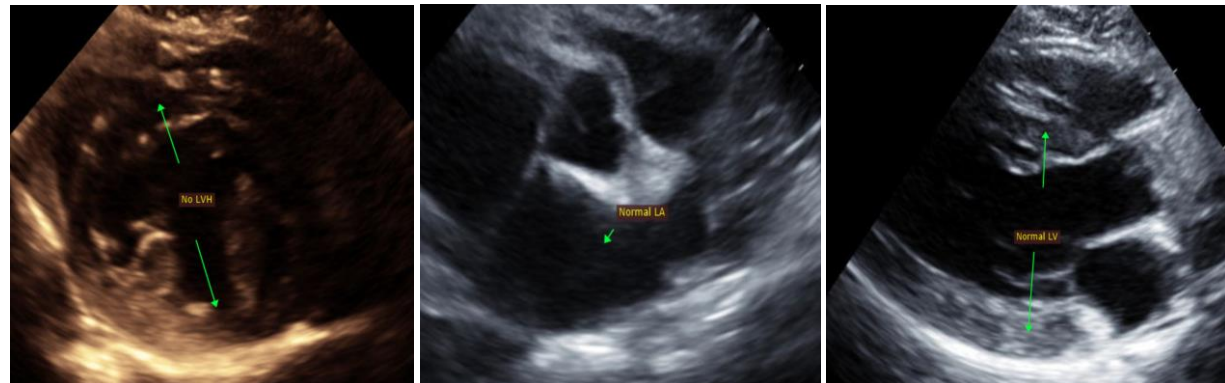
BREED
 DSH

SEX
 Female Spayed

AGE
 2 years

WEIGHT
 12.8lbs

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.

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

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
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)

HOSPITAL NAME

Wignall Animal Hospital

REFERRING VET

Dr. Dietrich

INVOICE

31633

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