



PATIENT

Juliet Rahmann

SPECIES

Feline

BREED

Persian

SEX

Female Spayed

AGE

1.26.09

WEIGHT

8.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Hirsch

INVOICE

24685

DATE

6.9.22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. History of CRF and UTI's.

-Pertinent abnormal PE/Chem/CBC/UA Results: 5/31/22 BUN 39, creatinine 2.3. Thyroid 2.2. USG 1.027 and rods present. Bloodwork and Urinalysis 3/4/2022 BUN 31 creatinine 2.2 USG 1.034, no bacteria present. Bloodwork and urinalysis 9/23/2021 BUN 45 creatinine 2.3 Urinalysis USG 1.028 with cocci present. Culture grew Enterococcus.

-Current medications: Currently on Clavamox pending urine culture results.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

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 fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. A mid LV obstruction is suspected on doppler imaging. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	220	0.45	1.4	0.5	40	75
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	1.3	1.2		0.85	1.1	NM

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.

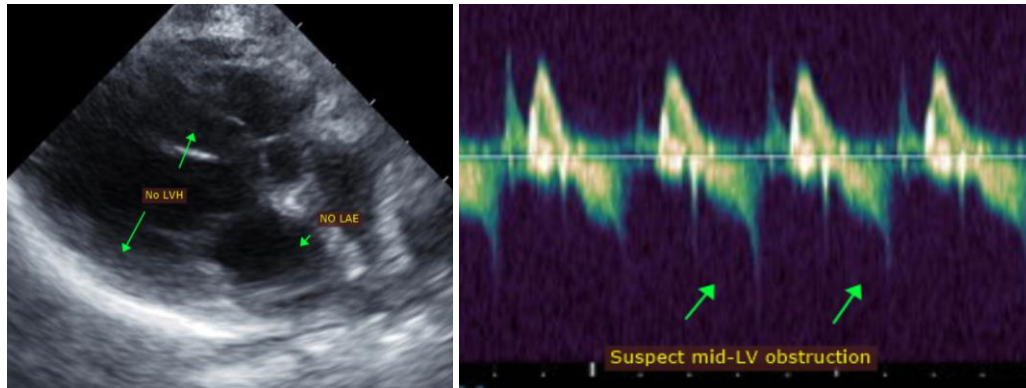
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. Serial echocardiography will be necessary to determine progression. The suspected origin of the murmur is a mild mid-LV obstruction, which is typically benign/physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings, no medications are indicated. Baseline blood pressure is recommended.

No cardiac contraindication for general anesthesia. 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.

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

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.

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