



## PATIENT

Eugene Rodriguez

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Male Neutered

## AGE

5.4 years

## WEIGHT

13.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Potomac Mobile  
Veterinary Ultrasound

## HOSPITAL NAME

Banfield Pet Hospital  
South Riding

## REFERRING VET

Dr. Jarrett

## INVOICE

31760

## DATE

7/10/23

## PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Asses prior to anesthesia.

## 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. No pleural or pericardial effusion seen. No obvious cardiac tumors.

## 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	6.1	NM	0.56	1.3	0.57	51	85
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	1.5	1.3		2.3	1.2	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.*

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is a dynamic LVOT obstruction, secondary to abnormal valve movement and tachycardia (SAM). The abnormal valve motion (SAM) is resulting in insufficiency of the mitral valve and secondary mitral regurgitation. The LV wall dimensions are borderline normal however, with no clear hypertrophic component at this time. These findings may represent early HOCM; however, there is a subset of cats with a dynamic LVOT obstruction that is stress-related and does not lead to secondary LVH or LA dilation (LA is normal in this case). Serial echocardiography will be necessary to determine progression and clinical relevance of findings, particularly in this predisposed breed.

Should LVH or LA dilation develop in the future, a beta blocker may be indicated to lower heart rate and decrease the pressure gradient. Based upon what is seen here, this is not clearly indicated at this time. A screening BP and T4 are recommended every 6 months going forward, as either issue may exacerbate disease.

Monitor for any clinical signs associated with progression, including increased RR/RE, syncope or signs of a blood clot (paralysis, neurologic change, etc.).



**PATIENT**

Eugene Rodriguez

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

**SPECIES**

Feline

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any clinical signs arise.

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**SEX**

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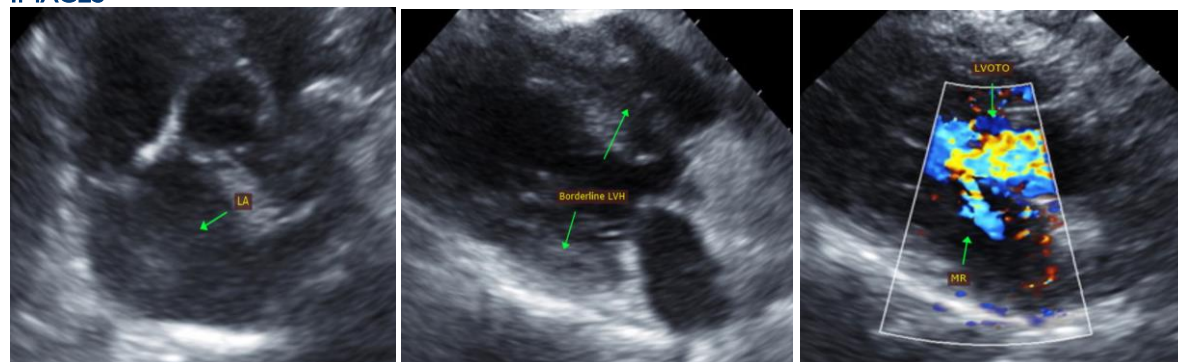
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**IMAGES**



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**

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Veterinary Ultrasound

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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