


PATIENT

Bell Weather Miller

PRESENTING CLINICAL SIGNS

History: New heart murmur. BW: WNL.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6 years

WEIGHT

12lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. The endocardium also appears remodeled. The anterior leaflet of the MV appears normal. Moderate eccentric MR. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is normal on Spectral doppler; however, an LVOTO is suspected on 2D and color flow imaging. No aortic insufficiency. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	5.4	200	0.47	1.39	0.47	56	89
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	1.2	1.2	1.1	1.7	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.							

HOSPITAL NAME

 New Hamburg
 Veterinary Clinic

REFERRING VET

Dr. Von Hausen

INVOICE

25260

DATE

7/12/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur seen is a dynamic LVOT obstruction with secondary MR. This is mild based upon both color flow and doppler. A significant or persistent obstruction would presumably lead to LVH and/or LAE over time, and this patient's LV walls and LA dimension are normal in dimension. There is subjectively a large amount of remodeling and fibrosis of the left ventricular wall, and this may be indicative of early cardiac disease or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. The LA is normal at this time, indicating low risk for complication.

In patients with persistent LVOT obstruction, an elevated pressure gradient and LVH, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and normal LA/LV dimensions, no medications are clearly indicated.



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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

PLAN

Baseline BP and T4 are recommended as discussed.

BREED

DSH

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

SEX

Female Spayed

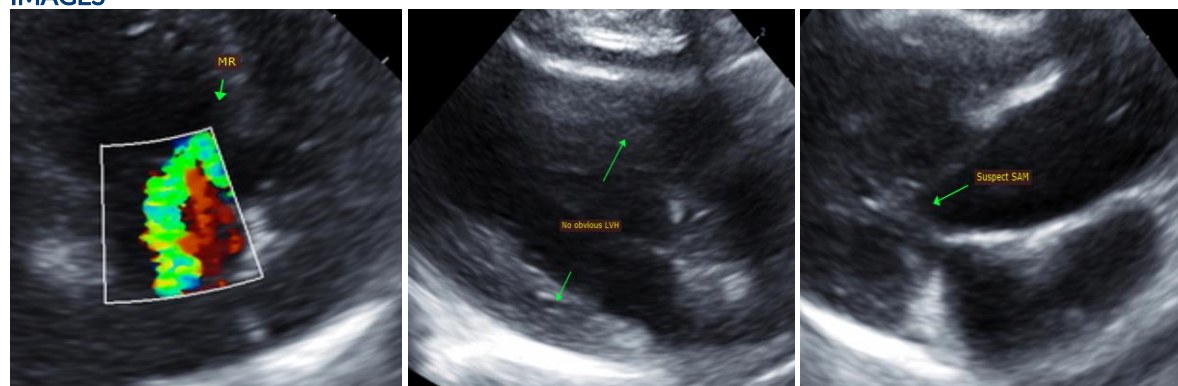
IMAGES

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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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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.

Maggie Machen Lamy, DVM

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

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