



PATIENT
Owen Allen

PRESENTING CLINICAL SIGNS

History: Owen is referred to evaluate a heart murmur. He needs dental prophy. Thyroid level WNL. Good appetite but has lost some weight. He is supposed to be on K/D but does not like it. There are several cats in the house and the family is feeding what most cats agree to. Owen's activity level remains normal. On exam, grade II/VI sternal murmur. BP: 140mmHg x4.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX
Male Neutered

Left atrium: The left atrium is mildly enlarged. No obvious smoke or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

AGE
10 years

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

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

Right atrium: The right atrium is mildly enlarged.

WEIGHT
13lbs

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.45
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.41
LVID diastole (cm)	1.6
PW thickness (cm)	0.41
LVID systole (cm)	0.85
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.8
TR PG (mmHg)	13

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25301

DATE

7/13/22

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is mild biatrial enlargement. The LV appears normal with evidence of hypertrophy or significant remodeling at this time. These findings may suggest early unclassified cardiomyopathy (UCM); however, a normal variant is possible. Given only mild atrial dilation, the risk for complication at this time is low. Monitoring for progression is certainly advised. No cause for the murmur is identified in this study, making it likely physiologic in origin.

Prognosis is guarded until progression is assessed. No obvious indication for medications at this time. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.



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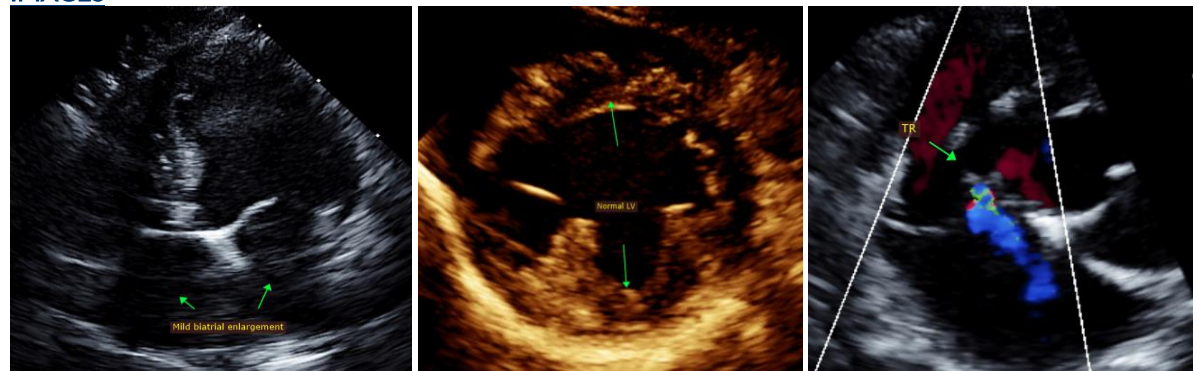
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- 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 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.
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression.

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