



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Ursula Janvrin

History: Ursula was noted to have a heart murmur in February, intermittent arrhythmia noted in March. A ProBNP level was elevated. Good appetite and activity level. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 210mmHg x 5 (stressed). Currently, no medications. *Sedated with gabapentin prior to admission; persistent growling throughout study.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

BREED
DSH

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

SEX

Female Spayed

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

AGE

15 years

Left atrium: The left atrium is normal. 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.

WEIGHT

12.3lbs

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 normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.0
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.55
LVID diastole (cm)	1.4
PW thickness (cm)	0.58
LVID systole (cm)	0.48
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function are identified. The LV wall thickness is borderline, which may be a normal variant or may reflect early hypertrophic changes. Follow up is advised. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study.

INVOICE

25423

Prognosis is open.

DATE

7/19/22

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress



PATIENT

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environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES

Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP as discussed.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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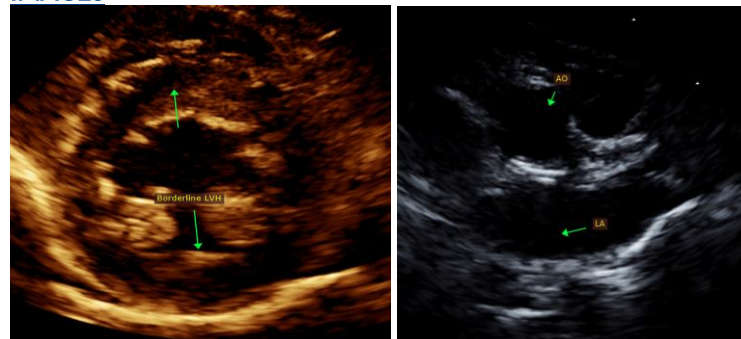
PLAN

- Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

IMAGES

WEIGHT

12.3lbs



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

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

Maggie Machen Lamy, DVM
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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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