



**PATIENT**

Squeek Domotor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

11lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Ingersoll Veterinary  
Services

**REFERRING VET**

Dr. Prystayko

**INVOICE**

31659

**DATE**

7/3/23

**PRESENTING CLINICAL SIGNS**

History: Oct 27, 22 grade 1/6 heart murmur possibly heard on exam. Difficult to assess as had nasal congestion at the time. Sinuses have been congested for over 1 year. June 17, 23 developed inappetance, lethargy, coughing began to sound more "deep chested" and less upper resp in origin. June 18, 23 very dull, mucus membranes pale and slightly cyanotic, taken to emergency clinic. Presented 1 hour later with pink MM again. Was not examined at Emerg. No further episodes like this since. June 18 later in the evening started with severe watery diarrhea. June 19 presented for ongoing diarrhea and anorexia, HR 230 now grade 2/6 heart murmur with normal lung sounds, no increased resp effort. Has been on Lysine. BP 158, 158, 162 HR 180. BP 162, 146, 148 HR 190, BP 142, 142.

**RADIOGRAPHIC FINDINGS \*NOTE: Images submitted for supplemental cardiac information only.**

Normal cardiac silhouette. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

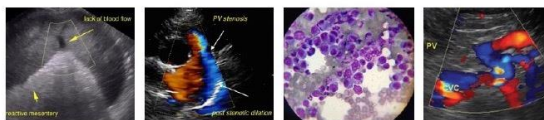
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. 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	5.0	190	0.47	1.38	0.50	52	90
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	1.4	1.3		1.0	0.7	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**

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related 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, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated.



**PATIENT**

Squeek Domotor

No cardiac cause for the cough is appreciated in this study and other possibilities should be further explored.

**SPECIES**

Feline

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).

**BREED**

DSH

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**SEX**

Female Spayed

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

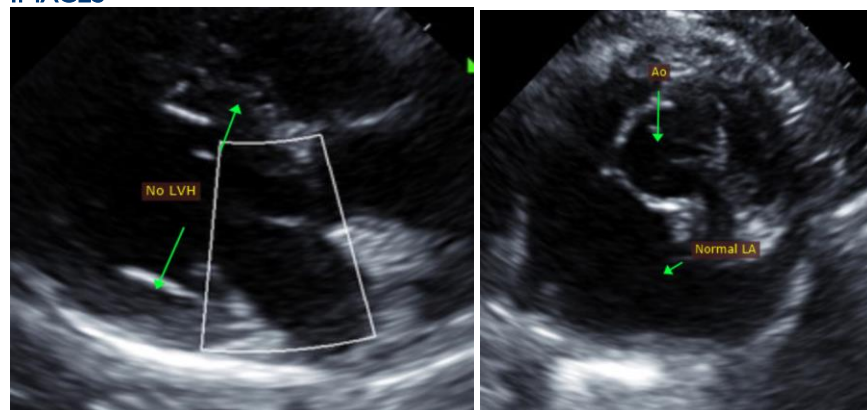
**AGE**

14 years

**IMAGES**

**WEIGHT**

11lbs



**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**

Crystal Hill, 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.

**HOSPITAL NAME**

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Services

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