



PATIENT

Uno Berry Blossom
Ragdolls

SPECIES

Feline

BREED

Ragdoll

SEX

Male Intact

AGE

12 weeks

WEIGHT

4.38lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Orchard View
Veterinary Center

REFERRING VET

Dr. Rowland

INVOICE

32035

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: Grade 1-2/6 heart murmur. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. LV chamber is normal to mildly increased in diastole. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles appear normal. The endocardium also appears normal. The left atrium is mildly dilated for this body size. The right atrium is mildly dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Mild TR. Normal velocity. 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)	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	2.0	180	0.34	1.3	0.36	58	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	1.6	1.0		0.93	0.96	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 primary abnormality identified is mild biatrial enlargement. The LV wall thickness is normal with adequate systolic function. No structural cause for atrial enlargement is appreciated and there is concern for a possible underlying congenital issue not identified here. That being said, in kittens this young, a normal variant is possible and follow up is recommended. The only possible cause of the murmur identified is mild TR; however, it is unclear if this degree of regurgitation would be heard upon exam. No additional issues are identified.

Any congenital case without a definitive murmur diagnosis should consider a referral as the gold standard option. Small abnormalities are easily missed and may or may not be the case here (i.e., a flow murmur is possible). The image quality is good in this case; however, mild biatrial enlargement is always concerning. Discussion with the owner is advised. An alternative approach would be to simply reassess at 6-12 months of age.

Prognosis is open prior to further evaluation.

Anesthesia is not advised prior to reassessment in the future.



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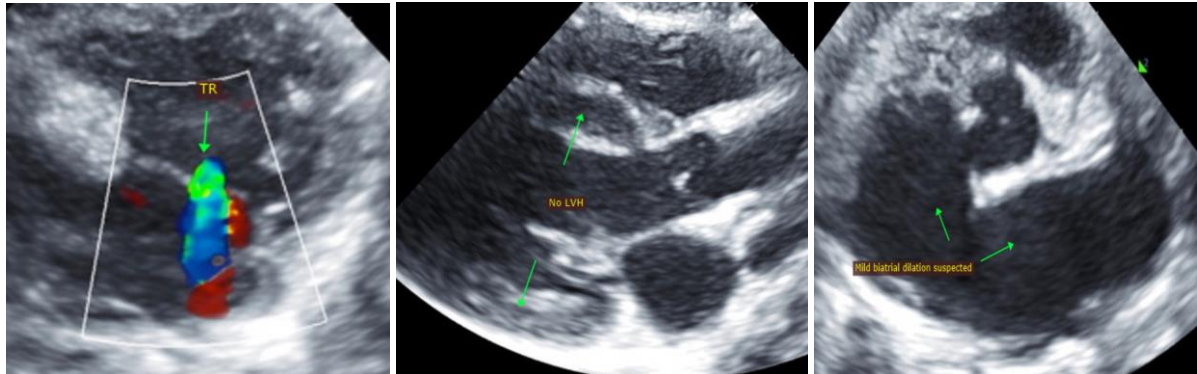
DATE

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PLAN

Consider referral in this case. If declined, recommend recheck echocardiogram in 6 months, sooner if any clinical signs arise.

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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