



PATIENT

Coral Perry

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1 year

WEIGHT

5.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Bronte Village Animal
Hospital

REFERRING VET

Dr. McGrath

INVOICE

31686

DATE

7/6/23

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is normal. A relatively large perimembranous VSD is seen just below the aortic valve; 0.5cm in diameter. The shunt is left to right based upon color flow; however, max velocity is not assessed. The left atrium is normal. The right atrium is normal in size. Mild TR. The right ventricle is difficult to visualize. The MPA is normal in dimension. Mildly elevated outflow velocity consistent with relative pulmonic stenosis/RVOTO. The pulmonic valve is difficult to visualize, although no stenosis is appreciated. No PI. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. There is no pleural or pericardial effusion seen. No additional shunts or abnormalities are visualized.

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	2.6	200	0.46	1.2	0.50	50	84
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	1.0	0.9	3.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is a perimembranous ventricular septal defect (VSD). The defect is relatively large with presumably left to right flow. The left heart is normal in dimension; however, relative pulmonary stenosis is identified, which suggest a hemodynamically significant abnormality. The right heart is difficult to visualize, and a concurrent stenosis or abnormality is not entirely ruled out. No additional issues are seen. **Referral is recommended in this case to ensure no concurrent issues are identified.**

VSDs in cats have variable outcomes, and lifelong monitoring is advised. The defect in this case appears hemodynamically significant, leading to increased concern for volume overload over time and potentially progression to clinical signs and development of CHF within the patient's lifespan. The prognosis is guarded however, as the rate of progression with subclinical cardiomyopathy is highly variable. Patient will always remain at risk for development of congestive signs, arrhythmias and/or sudden death in the future.



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Without heart enlargement in such a young cat, use of medications is not yet recommended. This may change in the future should further volume overload be noted. Anesthetic risk is considered mild at this time, 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

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Monitor at home for any associated clinical signs, including respiratory changes or signs of a thrombus.

PLAN

No medications are indicated at this time. Recommend referral in this case for advanced evaluation.

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If declined, recommend a recheck echocardiogram in 6 months to screen for progressive dilation and need for medications.

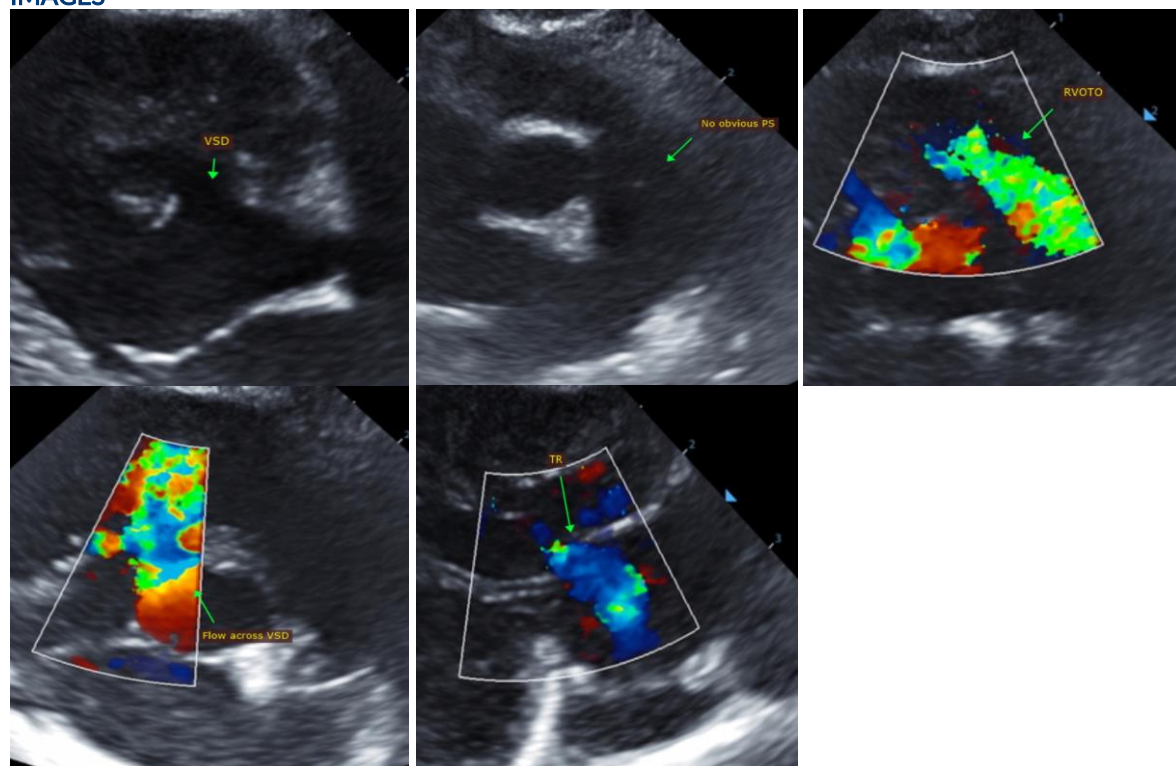
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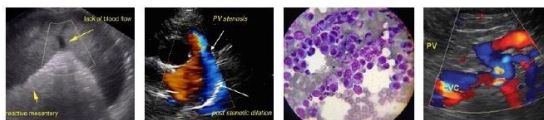
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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