



## PATIENT

Newt Griffin

## PRESENTING CLINICAL SIGNS

History: History of heart murmur, grade 3/6.

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

3 years

## WEIGHT

11.6lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Jessica Bailes, DVM

## HOSPITAL NAME

All Creatures Great &  
Small Veterinary  
Clinic

## REFERRING VET

Dr. Bailes

## INVOICE

25194

## DATE

7/7/22

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. The endocardium is mildly hyperechoic consistent with fibrosis. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. The left atrium is normal in size. The right atrium is prominent. The right ventricle appears normal. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Mild to moderate tricuspid regurgitation identified. Blood flow through both the LVOT and RVOT are normal in velocity; however, the RVOT profile shows a dynamic obstruction. No congenital shunts are appreciated. No effusions or cardiac tumors identified.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.3		0.46	1.6	0.50	56	92
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	1.0	1.0		1.1	1.8	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 murmur is two-fold with mild to moderate tricuspid regurgitation and a suspect dynamic RVOT obstruction. The latter is a benign finding, secondary to heart rate and/or volume changes. TR is typical benign in cats as well; however, the finding of a prominent right atrium warrants follow up in the future. No additional issues are identified, and the left heart is normal.

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.

No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

Recommend recheck echocardiogram in 12 months to assess for progressive issues, sooner if clinical signs arise.



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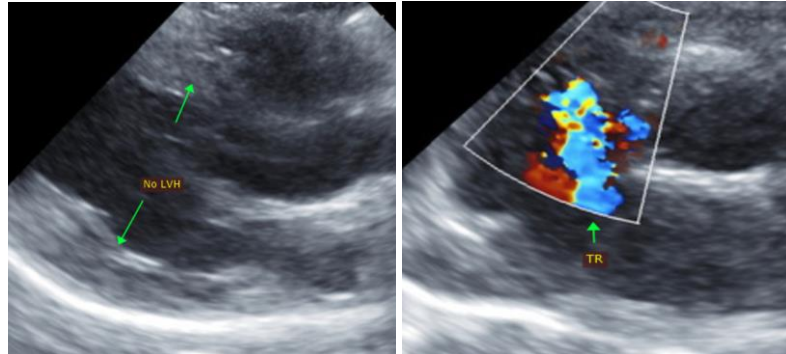
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**IMAGES**



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.

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