



PATIENT

Apollo Robinson

PRESENTING CLINICAL SIGNS

History: New grade II/VI systolic murmur; no clinical signs. BP: 153-156mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with fibrosis.

BREED

DSH

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

SEX

Male Neutered

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No aortic insufficiency.

AGE

2 years

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 mild tricuspid regurgitation. Velocity normal.

WEIGHT

13.4lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 214bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.38
IVS thickness (cm)	0.5
LVID diastole (cm)	1.38
PW thickness (cm)	0.5
LVID systole (cm)	0.67
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The only cause of a murmur identified is mild TR, which is typically a physiologic finding (i.e., benign and non-progressive).

REFERRING VET

Dr. DeMarco

Monitoring is advised. Both atria are normal indicating low risk for complication at this time. Prognosis is open until progression is determined.

INVOICE

20512

DATE

8/12/21



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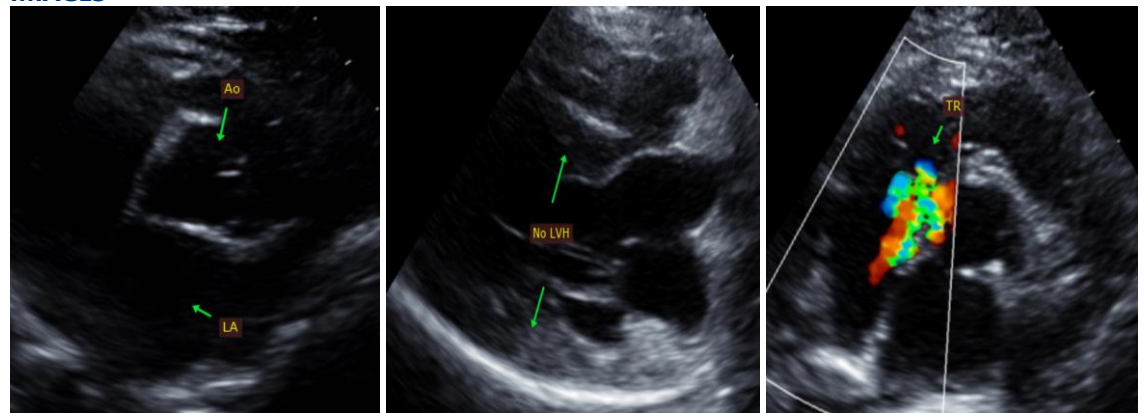
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised with monitoring of breathing rates at home while receiving iatrogenic fluids.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for any progressive changes, sooner if any issues arise in the interim.

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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