



PATIENT

Happy Cat Field

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

9 years

WEIGHT

12.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Parker

INVOICE

20520

DATE

8/12/21

PRESENTING CLINICAL SIGNS

History: Seen as new patient 8/2020 - no murmur noted at that time. Presented 7.2021 for hiding more and being less social, occasional loose stool. New grade IV/VI murmur with PMI on L heart base. CBC/Chem/T4/CardioPet BNP all WNL. BP: 195-220mmHg. *Sedated with butorphanol.

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. Mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear normal. The endocardium appears normal.

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

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. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

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. Normal velocity

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

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 125bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.28
LA:Ao (Swe)	1.28
IVS thickness (cm)	0.41
LVID diastole (cm)	1.65
PW thickness (cm)	0.47
LVID systole (cm)	0.8
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Mild TR is appreciated which may or may not be heard on exam.



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These findings would suggest a noncardiac cause for the current clinical signs. It is worth mentioning that the heart rate is relatively low for a cat in hospital which may suggest high vagal tone. High vagal tone is abnormal in cats and can be a marker of abdominal pathology. Consider full systemic evaluation based upon the totality of the findings.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

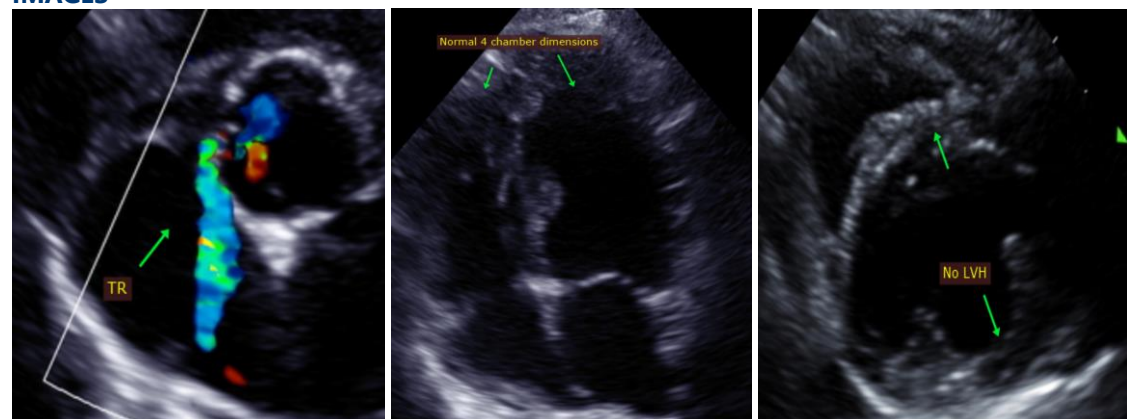
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP as discussed.
- Full systemic evaluation is advised.
- No cardiac contraindication for general anesthesia.
- 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 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

IMAGES





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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.

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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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