


PATIENT

 Snuggly Burlington
 Humane Society

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

12 weeks

WEIGHT

3.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

**IMAGING
 PERFORMED BY**

Kelly Reschny, RVT

HOSPITAL NAME

 Burlington Humane
 Society

REFERRING VET

Dr. Patton

INVOICE

32335

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: Progressive grade 5/6 heart murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve leaflets are mildly elongated with suspicion for intermittent systolic anterior motion. Mild eccentric mitral regurgitation. The LV walls are mildly increased for this body size. Hyperechoic endocardium. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears normal in form and function with mild tricuspid regurgitation present. Mild right atrial dilation. Mild RV hypertrophy with overall prominence. Mild to moderate elevation of pulmonic outflow velocities is identified. The stenosis appears to be subvalvular based upon color flow imaging, although this is not definitive. The valve is difficult to visualize, although mild thickening is suspected. Mild pulmonic insufficiency. No post-stenotic dilation is seen. The aortic valve appears to have normal morphology and mobility. Trace AI. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

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	1.5	160	0.41	1.17	0.43	57	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	1.2	1.2	1.0	1.5	3.6	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 cause of the murmur is mild to moderately elevated flow velocity through the pulmonary artery consistent with a stenosis. The level of the stenosis is subvalvular, although the exact cause cannot be identified. Possibilities include a true subvalvular stenosis, a double chamber right ventricular, a simple flow abnormality due to a shunt (not visualized here), etc. A valvular component is also possible, given mild pulmonic insufficiency. There is also a mitral valve dysplasia present with mild MR and suspicion for an LVOT obstruction. This is supported by mild LV hypertrophy. Trace aortic valve insufficiency is identified and lifelong blood pressure monitoring is advised. No intra or extra-cardiac shunts are seen; however, these are not entirely ruled out in this image set. Due to the significance of these findings, highly recommend referral to a local Cardiologist in this case.



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PS as a whole is uncommon in cats, and recommendations/prediction are based upon longevity studies in dogs. Mild PS cases typically do not impact a patient clinically, and most are able to live a normal life free of complications. While this patient is documented as mild to moderate today, it is important to note that the severity can certainly progress as the patient ages to full stature. Close follow up is advised as moderate or severe cases will certainly warrant Atenolol therapy.

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If needed, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing).

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Prognosis is guarded prior to assessing for progression in the future.

PLAN

No medications are indicated.

WEIGHT

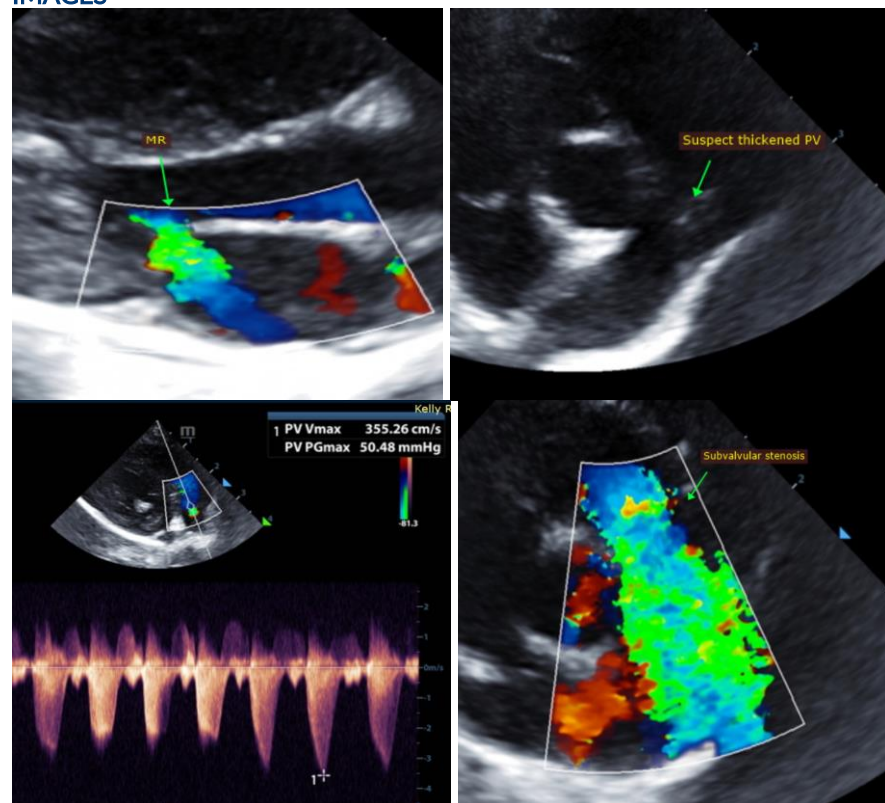
3.3lbs

Recheck echocardiogram is recommended in 6 months, sooner if symptoms arise in the interim.

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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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