



PATIENT

Spencer Doolan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Sangl

INVOICE

25817

DATE

8/16/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 Heart murmur. No arrhythmia ausculted. Femoral pulses are strong and synchronous.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears minimally remodeled. Papillary muscle fibrosis. The left atrium is borderline dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trivial MR. Trivial TR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	150	0.55	1.66	0.55	53	87
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.4	1.4	1.3		1.4	1.0	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

Borderline LV hypertrophy is present, which may be indicative of early cardiac disease or may simply represent a normal variant. The LA is borderline normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression. Additionally, no definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia, however any cat with fibrosis will be at risk for iatrogenic IV fluid overload should they be needed.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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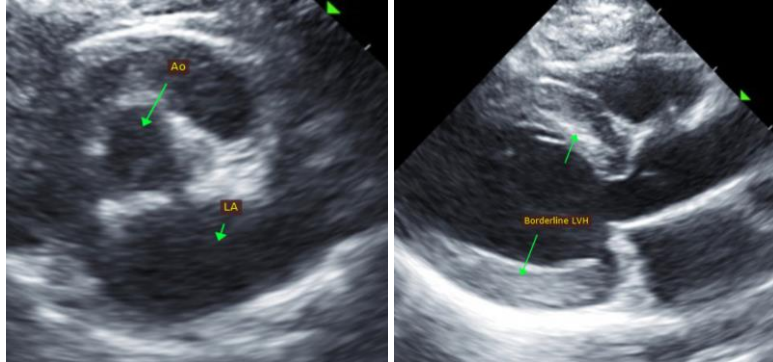
8/16/22

PLAN

Baseline BP and T4 are recommended

A recheck echocardiogram is recommended in 1 year to reassess murmur origin and screen for any evidence of progression.

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
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