


PATIENT

Gideon Vaughn

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

10.2lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jessica Miller, RDMS

PRESENTING CLINICAL SIGNS

 History: Occasional vomiting. Grade 2/6 heart murmur. Barbering.
 -Current medications: convenia
 -Abnormal PE/Chem/CBC/UA Results: UA: protein 2+ SG: 1.056.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium 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 normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Mild double jet of tricuspid regurgitation. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity; however, an intermittent obstruction is suspected on color flow imaging. No effusions seen. No 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	4.6	167	0.41	1.37	0.44	70	97
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	1.0	1.0	1.1		1.2	1.1	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.							

HOSPITAL NAME

 Animal General on
 Hudson

REFERRING VET

Dr. Ng

INVOICE

32391

DATE

8/16/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is mild tricuspid regurgitation. TR in cats is most often physiologic, with little progression or clinical relevance. No LVOTO or RVOTO are identified; however, I suspect intermittent elevations in flow may exist with varying heart rates based upon color flow imaging. There is also a mild amount of remodeling and fibrosis of the left ventricular wall which are likely age-related changes. Both atria are normal, indicating low risk for complication.

Any cat with fibrosis will be at risk for fluid overload should this become necessary in the future. Monitoring of breathing rate and effort at home is recommended in this instance.

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



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Plan: Recommend recheck echocardiogram in 12 months to assess for progression or development of disease the pre-existing murmur may mask.

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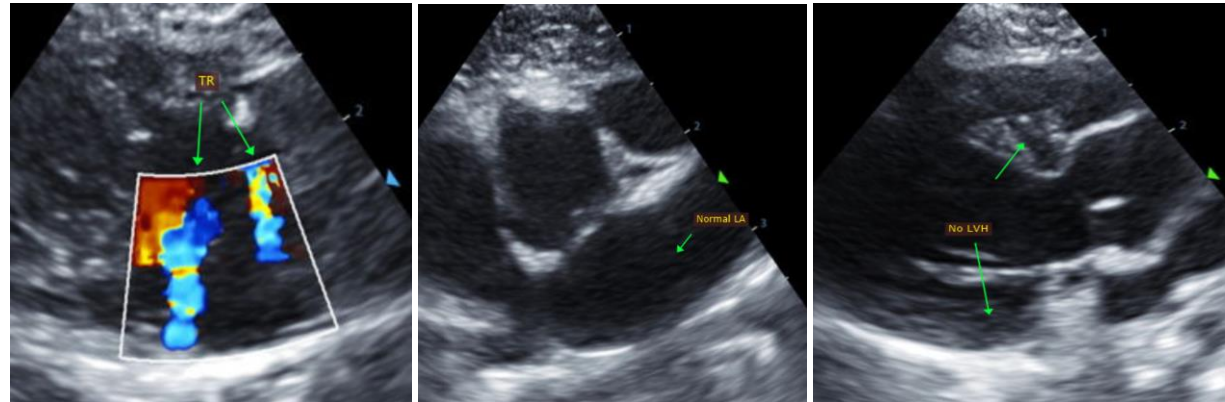
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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

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