



PATIENT

Smudge Moore

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Assess prior to dental.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF. Bulge in the region of the aortic root.

BREED

DSH

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 166bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

SEX

Male Neutered

ECG diagnosis: Normal sinus rhythm.

AGE

7 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. The endocardium also appears remodeled. The anterior leaflet of the MV appears normal. Mild to moderate eccentric MR. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is normal on doppler; however, systolic anterior motion is seen on 2D and color flow imaging. No aortic or pulmonic insufficiency. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

WEIGHT

7.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

CARDIAC CHART

IMAGING PERFORMED BY

Jessica Bailes

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	3.5	NM	0.46	1.1	0.48	58	94
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.2	1.1	1.1	1.1	0.8	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

All Creatures Great & Small Veterinary Clinic

REFERRING VET

Dr. Vaughn

INVOICE

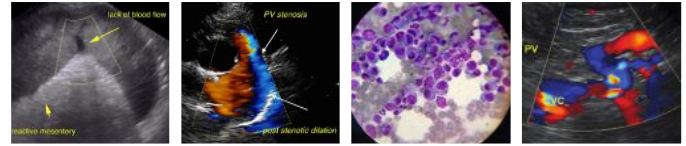
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The only cause of a murmur seen is a mild dynamic LVOT obstruction, secondary to tachycardia. This is mild based upon both color flow and doppler. A significant or persistent obstruction would presumably lead to LVH over time, and this patient's LV walls are normal in dimension. There is subjectively a large amount of remodeling and fibrosis of the left ventricular wall, and this may be indicative of early cardiac

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disease or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. The LA is normal at this time, indicating low risk for complication. No additional issues are identified. Due to the appearance of the chest radiographs a baseline BP is strongly recommended. The ECG is unremarkable with a normal sinus rhythm.

In patients with persistent LVOT obstruction, an elevated pressure gradient and LVH, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and normal LA/LV dimensions, no medications are clearly indicated.

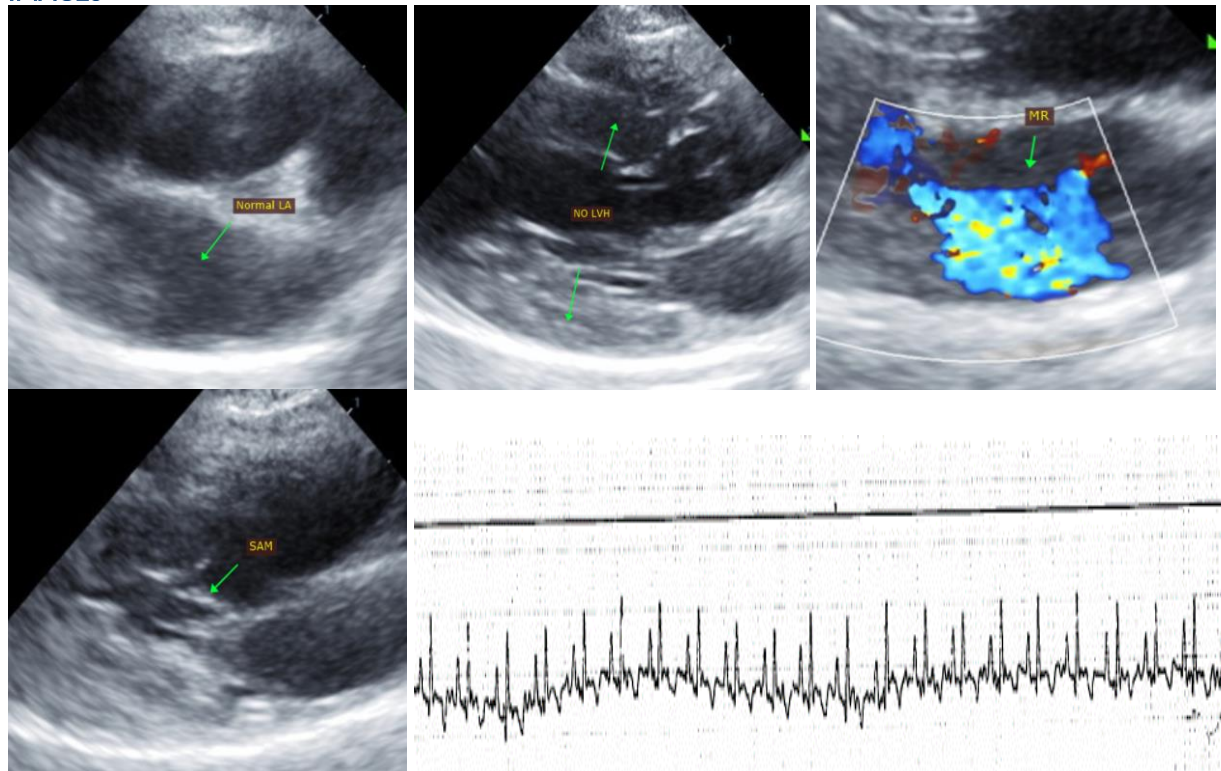
Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

PLAN

Baseline BP is recommended.

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

IMAGES





PATIENT

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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.

BREED

DSH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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