


PATIENT

Tank Burlington HS

PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 heart murmur. New murmur found when admitted for a COHAT and neuter, both postponed until cardiac workup complete.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium appears minimally remodeled. Borderline LV dilation. Normal papillary muscles. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

BREED

DSH

SEX

Male

CARDIAC CHART
AGE

7 years

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	6.06	190	0.40	1.8	0.42	43	77
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	1.4	1.38		1.0	1.4	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.

WEIGHT

13.4lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Burlington Humane
 Society

REFERRING VET

Dr. Hall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified including minimal LA dilation and borderline LV dilation. No evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. These abnormalities may suggest early Unclassified Disease; however, monitoring for progression is advised. No cause of the murmur is identified making it likely physiologic in origin.

INVOICE

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Anesthetic risk is considered mildly elevated if needed, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

DATE

8/18/22

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



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A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any issues arise in the interim.

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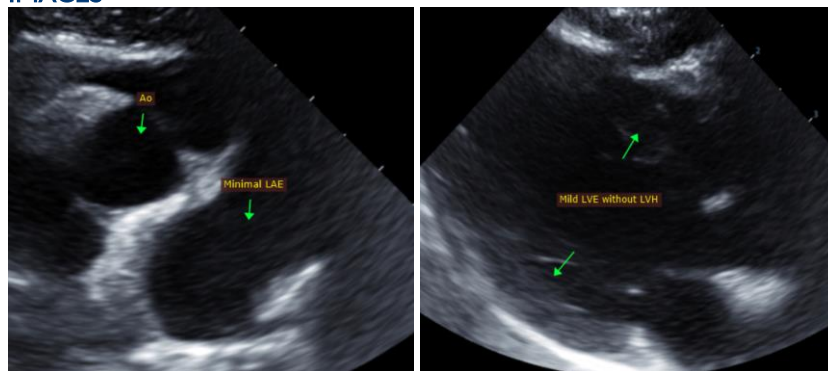
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INTERPRETED BY

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)

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