



PATIENT

Chanel Burlington
Humane

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

1 year

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Burlington Humane
Society

REFERRING VET

Dr. Murphy

INVOICE

20638

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Grade 2 systolic murmur, PMI left sternal noted on PE. Was nursing kittens. Suspect food allergy dermatitis. Requires GA for spay surgery. HR: 180, RR: 24.

ECHOCARDIOGRAM FINDINGS *Additional images obtained and submitted 8/30/21.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. Normal endocardium; minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size. The right atrium and ventricle appear prominent in some views, although not consistent. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No obvious cardiac shunts identified. No effusions. No obvious cardiac tumors.

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	4.6	144	0.39	1.5	0.38	41	76
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	1.5	1.3	1.1		1.0	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. The right heart is prominent in some views, which in a young cat may suggest a congenital issue not identified here (such as a small ASD). No definitive cause is identified for the murmur in this study, which may suggest a physiologic origin, or may reflect a small abnormality not appreciated here. Given what is seen here however, no medications are indicated.

Based upon what is seen here, anesthetic risk is considered mild, 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). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol



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includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

BREED

DSH

Plan: Should the murmur persist, reassess or refer for reevaluation in 6 months, sooner if clinical signs arise.

IMAGES

SEX

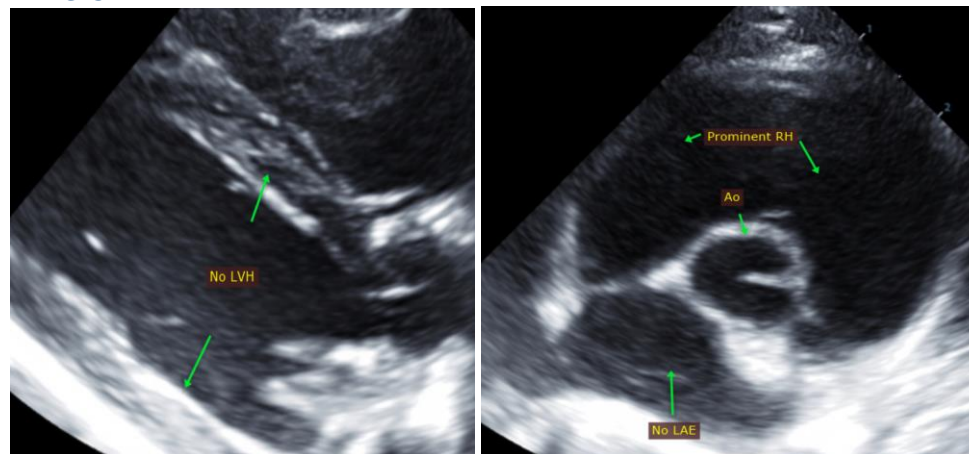
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING

PERFORMED BY

Kelly Reschny, RVT

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.

HOSPITAL NAME

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Society

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