



**PATIENT**

Henry Pierce

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

9.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

**REFERRING VET**

Dr. Wallace

**INVOICE**

20639

**DATE**

8/19/21

**PRESENTING CLINICAL SIGNS**

History: FIV positive cat with history of diarrhea/inappetence and most recently tooth root abscess. Heart Murmur also present. AUS - was wnl and performed May 2021. Heart murmur, grade 2/3 out of 6, Left PMI sternal area.

Blood pressure: very hypertensive - 230mmHg- will be repeating today when on Gabapentin.  
-ECG: Wide QRS complexes and right axis deviation.

-Current medications: Gabapentin for echo, B12 monthly, Clavaseptin and Metacam for tooth root abscess.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - May 2021 - wnl, T4 wnl. Low B12 in Sept 2020 (165). fpL WNL.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. 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. 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 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 (%)      |
|---------------------------|------------------|---------------------------------|--|----------------------------|---------------------------|----------------|-------------|
| <b>NORMAL PARAMETER</b>   | -----            | 150-240                         | 0.35-0.55                                | <2 (mean 1.5)              | 3.5-0.55                  | 35-67          | 80-100      |
| <b>PATIENT</b>            | 4.5              | 167                             | 0.4                                      | 1.54                       | 0.44                      | 46             | 82          |
| 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) |
| <b>NORMAL</b>             | <1.5             | <1.3                            | <1.2                                     |                            | <1.6                      | <1.3           | <0.9        |
| <b>PATIENT</b>            | 1.1              | 1.2                             | 1.0                                      |                            | 1.2                       | 1.0            | 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 geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. 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 and a normal LA



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dimension, no medications are indicated. No obvious evidence of hypertensive cardiomyopathy, reassessment of the blood pressure is advised.

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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

**BREED**

DLH

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

**SEX**

Male Neutered

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

**AGE**

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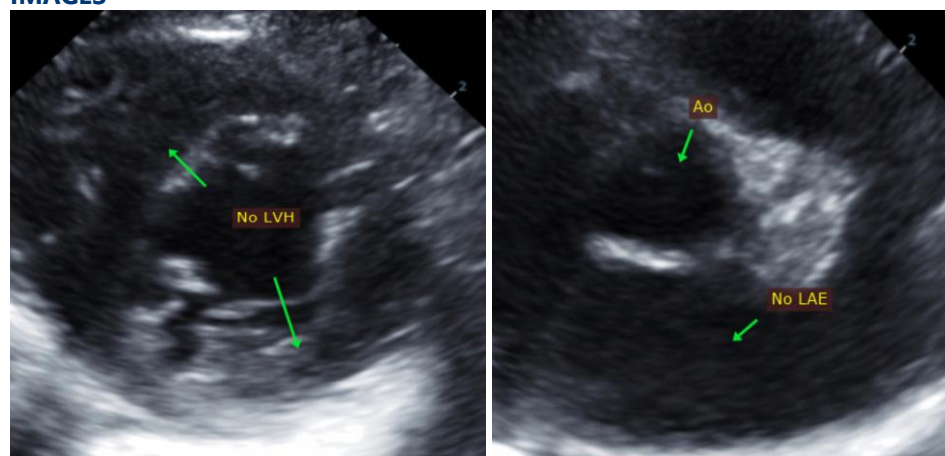
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**IMAGES**



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Kelly Reschny, RVT

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.

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

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.

**REFERRING VET**

Dr. Wallace

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