



**PATIENT**

Lucky Throckmorton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

7.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Rhode Island Animal  
Medical Center

**REFERRING VET**

Dr. Rogoff

**INVOICE**

20675

**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: Asymptomatic grade II/VI systolic murmur. BP: 148, 152, 152, 154mmHg. \* Sedated with torb/midazolam.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension. A significant false tendon is identified with a septal attachment. A mid-LV obstruction is suspected with a dynamic profile, although the max velocity is normal likely due to sedation.

**Left atrium:** The left atrium is normal. No obvious smoke or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

|                    |      |
|--------------------|------|
| Ao diam (cm)       | 1.0  |
| LA diam (cm)       | 1.1  |
| LA:Ao (Swe)        | 1.1  |
| IVS thickness (cm) | 0.46 |
| LVID diastole (cm) | 1.42 |
| PW thickness (cm)  | 0.47 |
| LVID systole (cm)  | 0.68 |
| FS (%)             | 52   |

**Doppler Measurements**

|                |     |
|----------------|-----|
| PV Vmax (m/s)  | 0.5 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s)  | NA  |
| TR Vmax (m/s)  | NA  |
| TR PG (mmHg)   | NA  |

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function are identified. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. The murmur is suspected to be due to a mid-LV obstruction secondary to a significant false tendon. This appears hemodynamically significant at this time, given a lack of structural secondary changes. No additional issues are identified.



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Prognosis is open.

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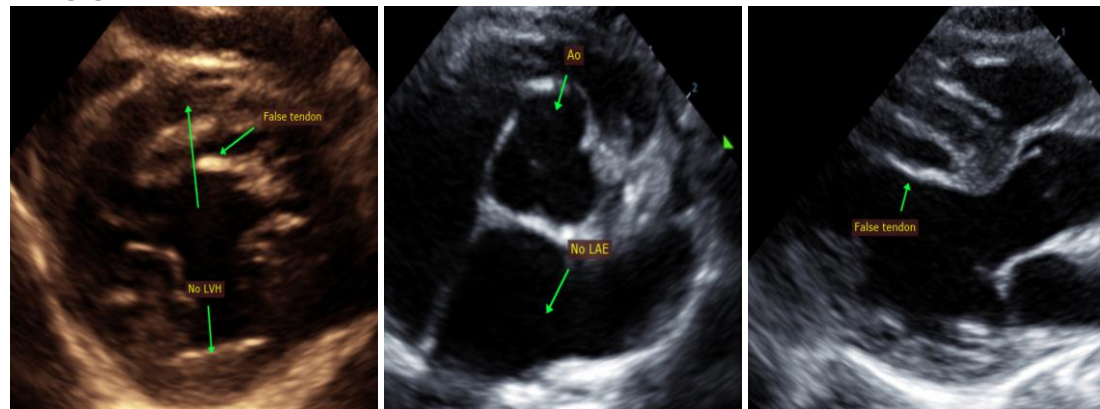
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- 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).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**PLAN**

- Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

**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**  
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