


**PATIENT**

Ricky Shelenko

**PRESENTING CLINICAL SIGNS**

History: During annual health exam heard SHMI 2/6. Recheck today heard 3/6 heart murmur. No medications currently.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with no significant hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and mild ventricular remodeling. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is seen, causing a mildly elevated LVOT velocity on color flow (not captured on Spectral Doppler). The anterior leaflet of the MV is mildly thickened, consistent with dysplasia. There is trace eccentric secondary mitral regurgitation present. Trace TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

19 months

**CARDIAC CHART**
**WEIGHT**

9.4lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

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 (%)
<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>	4.3	150	0.53	1.5	0.53	53	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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>	NM	1.3	1.1	0.82	1.78	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.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 Limestone Valley  
 Animal Hospital

**REFERRING VET**

Dr. Wimmers

**INVOICE**

20691

**DATE**

6/23/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is mitral valve dysplasia leading to a mild obstructive LVOT flow pattern and secondary mitral regurgitation. There is no left atrial dilation or LV hypertrophy, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. In cases of solely primary MV dysplasia this can lead to improvement in the degree of obstruction and hypertrophy. Given the mild nature of disease without LVH or LAE it is reasonable to revisit in the future and assess for progression prior to utilizing medications.



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Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).

**SPECIES**

Feline

Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

**BREED**

DSH

**PLAN**

Screening blood pressure and T4 are recommended, then monitor yearly in a young cat.

**SEX**

Male Neutered

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

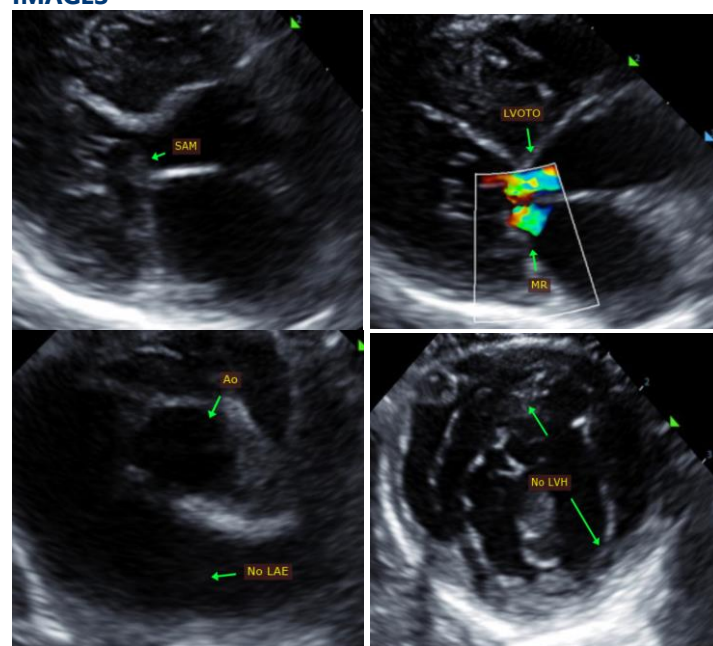
**AGE**

19 months

**IMAGES**

**WEIGHT**

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**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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Dr. Wimmers

**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.

**INVOICE**

20691

**DATE**

6/23/21

**Maggie Machen Lamy, DVM**

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