


**PATIENT**

Mollie Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

10lbs; 4.5kgs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

 Loetitia St-Jacques,  
 LVT/RVT

**HOSPITAL NAME**

 Animal Medical  
 Center of Reno

**REFERRING VET**

Dr. Taormina

**INVOICE**

20731

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

History: Presented for routine senior exam on 8.9.2021. Grade 3-4/6 murmur auscultated. No issues associated w the murmur. EDUD normally. No SCVD. Murmur was incidental finding. Grade: 3-4/6. Assess prior to dental.

-Blood pressure: 129mm/Hg

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. No significance cardiomegaly. No obvious evidence of CHF.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. A single premature beat (suspect atrial) is identified. No ventricular ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with a single premature beat.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension, specifically the basilar portion. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**CARDIAC CHART**

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>	4.5		0.69	1.2	0.62	68	96
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	NM	1.38	1.25	0.82	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.



**PATIENT**

Mollie Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

10lbs; 4.5kgs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

**HOSPITAL NAME**

Animal Medical  
Center of Reno

**REFERRING VET**

Dr. Taormina

**INVOICE**

20731

**DATE**

8/24/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease is mild, with only mild LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. No obvious cause for the murmur is identified, making it likely physiologic in origin. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

The ECG is largely unremarkable although a single premature beat is noted. This is suspected to be atrial in origin (APC); however, it is difficult to be definitive. This is clinically insignificant and likely secondary to stress and underlying structural changes. Follow up is advised should any symptoms of sustained arrhythmias be noted in the future, such as syncope or lethargy. Certainly, no treatment is warranted.

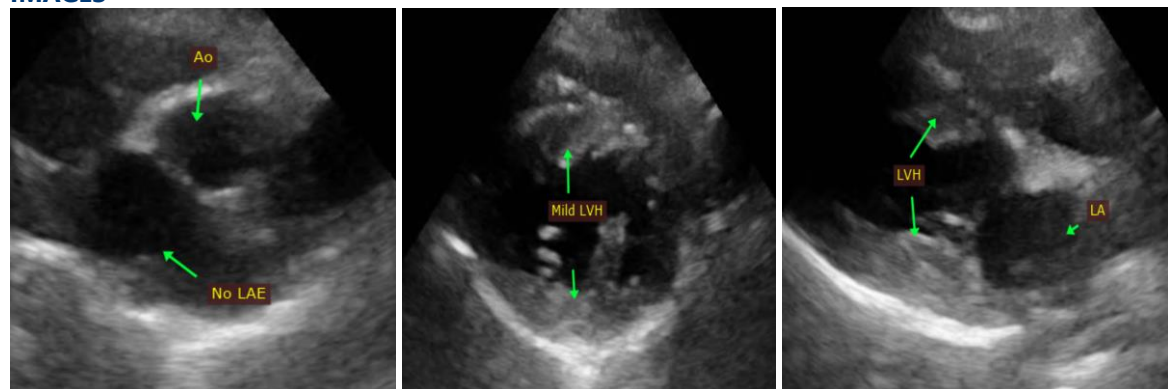
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

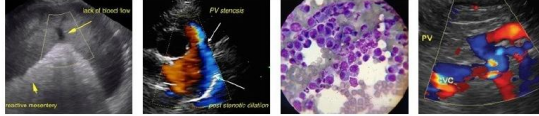
**PLAN**

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

**IMAGES**





Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

**PATIENT**

Mollie Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

10lbs; 4.5kgs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

**HOSPITAL NAME**

Animal Medical  
Center of Reno

**REFERRING VET**

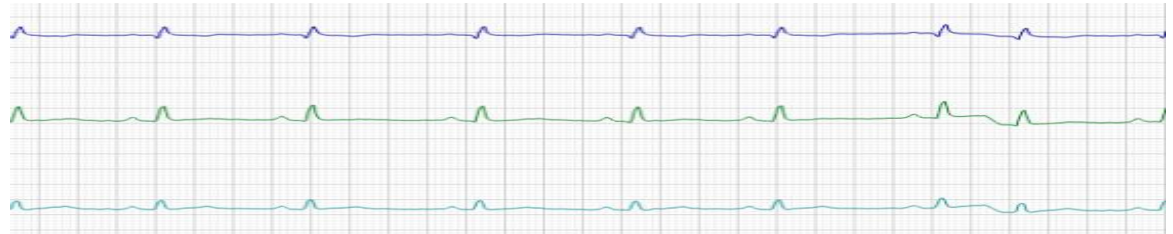
Dr. Taormina

**INVOICE**

20731

**DATE**

8/24/21



**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)**  
info@sonopath.com