

**PATIENT PRESENTING CLINICAL SIGNS**

Luna Roselli

History: Grade II/VI murmur. No clinical signs. Thyroid panel normal. BP: 163mmHg.

**ECHOCARDIOGRAM FINDINGS**

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

Feline

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are borderline with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

BREED

DSH

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

SEX

Female Spayed

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

AGE

10 years

**Aortic valve/Aorta:** The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. Trace 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 trivial tricuspid regurgitation.

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

WEIGHT

12lbs

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 188bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.67
LVID diastole (cm)	1.26
PW thickness (cm)	0.55
LVID systole (cm)	0.5
FS (%)	66

**Doppler Measurements**

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

The cardiac structure and function are essentially normal in this patient. There is a focal septal thickening, which may reflect early hypertrophic disease or may simply be a normal variant. Serial monitoring is advised. The remainder of the LV measures borderline normal. No cause for the murmur is identified, making it likely physiologic in origin. Most importantly, the LA measures normal indicating low risk for complication at this time.

**HOSPITAL NAME**

Compassion  
Veterinary Clinic

**REFERRING VET**

Dr. Patil

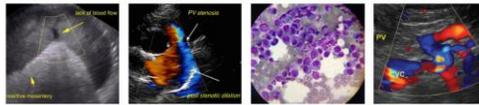
Prognosis is open, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

**INVOICE**

26034

**DATE**

8/25/22



**PATIENT**

Luna Roselli

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

12lbs

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**HOSPITAL NAME**

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 Veterinary Clinic

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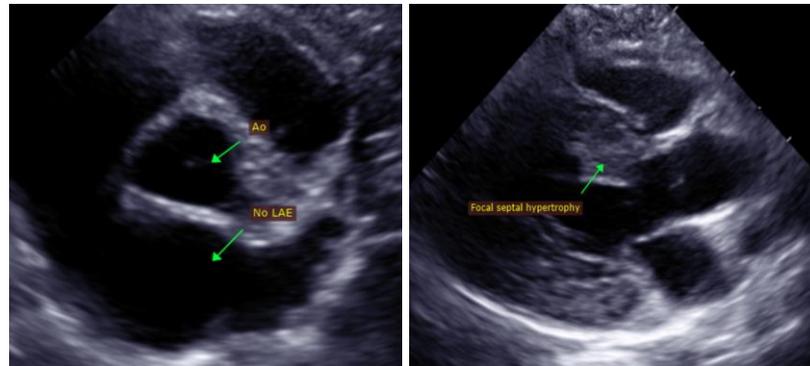
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

**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.

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