



PATIENT

Buddy Radcliffe

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 months

WEIGHT

8.36lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Nolan

INVOICE

26082

DATE

8/29/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Continues to cough (+/- asthma). Moderate sternal heart murmur.
-Pertinent previous echo findings (1/2022 Antech): HCM, IVSd: 5.5 mm, LVPWd: 4.5 mm, LA/Ao: 1.5

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of irregularity. No significant hypertrophy. There is a mildly hyperechoic endocardium. 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; however, the LVOT velocity is normal on color flow and Spectral Doppler. No obvious MR. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) (Moise, Pipers) | LVIDd (cm) (Moise, Pipers) | LVWd (cm) (Moise, Pipers) | FS (%) | EF (%) |
|---------------------------|------------------|---------------------------------|--|----------------------------|---------------------------|----------------|-------------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 3.8 | NM | 0.50 | 1.6 | 0.49 | 48 | 80 |
| 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) |
| NORMAL | <1.5 | <1.3 | <1.2 | | <1.6 | <1.3 | <0.9 |
| PATIENT | 1.1 | 1.1 | 1.1 | | 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

Suspect mitral valve dysplasia is seen in this study; however, no significant secondary cardiac changes are appreciated. The LV wall dimensions are normal and the LA unremarkable. The mitral valve leaflet does appear elongated with abnormal motion; however, an LVOTO is not captured which may suggest a heart rate dependent phenomenon. No additional issues are identified. It is difficult to compare these findings to the prior study without images, as this is presumably a situation of difference in interpretation. Regardless, what is seen here is mild overall.

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.

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



PATIENT

Buddy Radcliffe

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.

SPECIES

Feline

PLAN

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

BREED

DSH

Recommend recheck echocardiogram annually to screen for progression, sooner if clinical issues arise.

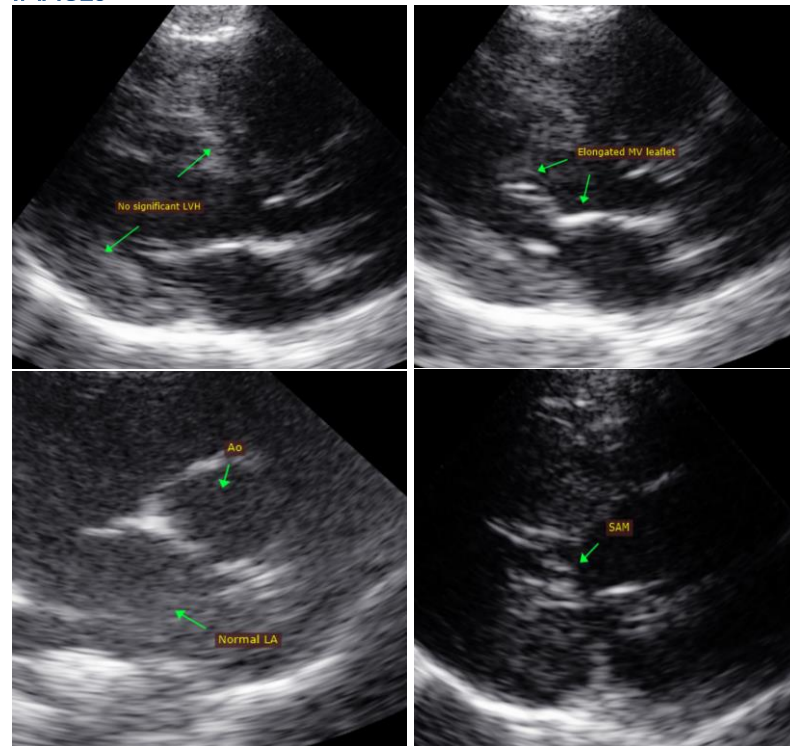
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Nolan

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

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