



PATIENT

Minerva Fuller

SPECIES

Feline

BREED

Sphynx

SEX

Female Intact

AGE

4 months

WEIGHT

4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

26070

DATE

8/29/22

PRESENTING CLINICAL SIGNS

History: Heart murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. The LV chamber is normal in dimension. The endocardium is mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. The aortic valve is trileaflet yet mildly thickened. Moderate aortic insufficiency is noted. Minimal LVOT obstruction is appreciated on color flow and Spectral imagine. Normal RVOT velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	1.8	230	0.36	1.2	0.40	58	90
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	NM	1.5	1.1		2.0	1.6	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

The only abnormality identified is a significant aortic insufficiency, The aortic leaflet appears mildly thickened, which may reflect a congenital valvular abnormality. While a significant finding, this would not contribute to a systolic murmur and an intermittent LVOT obstruction remains a possibility. No additional issues are identified, and the overall dimensions and function appear normal.

This is unusual finding to see in such a young animal. Highly recommend referral for advanced echocardiography in this case to determine murmur origin and if treatment is warranted. Based upon what is see here and the age of the patient, no medications are indicated at this time; however, this may change going forward.

No cardiac contraindication for general anesthesia based upon what is seen here.

Prognosis is guarded prior to assessing for progression going forward.

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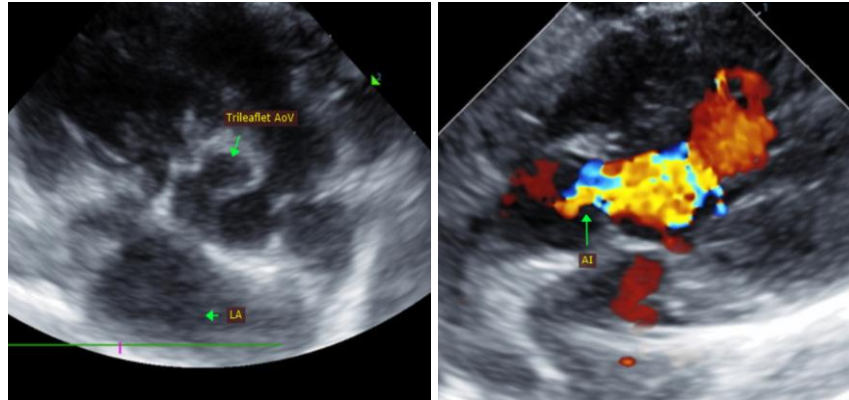
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PLAN

Consider referral as discussed. If declined, reassess in 6 months, sooner if any clinical signs arise.

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. 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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