



PATIENT

Margot Jenness

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

3.12.16

WEIGHT

11.55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Jones

INVOICE

32163

DATE

8.4.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. No clinical signs. Progressive heart murmur, grade 3/6.
-Pertinent abnormal PE/Chem/CBC/UA Results:
-Current medications: Gabapentin 100mg pre visit.
-Blood pressure: 164mmHg.
-Sedation used: Torbugesic/Valium IV.
-Pertinent previous ultrasound results (8/2019 MML): TR, DRVOTO, no LVE or LAE.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is borderline normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. False tendon. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. 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. Mild mitral regurgitation present. Trace tricuspid regurgitation identified. No obvious pulmonary hypertension. Blood flow through both the LVOT and RVOT are normal in velocity. No obvious effusions or cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	NM	0.54	1.2	0.58	40	75
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	1.3	1.1		1.7	0.85	NM

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

Compared to the prior study, findings are similar. The LV wall thickness is increased slightly and is borderline in dimension. This may reflect early hypertrophic disease or may simply be a normal variant. Follow up is recommended. Additionally, mild MR is now appreciated, that appears hemodynamically insignificant. This may or may not be contributing to murmur intensity. No additional issues are identified.

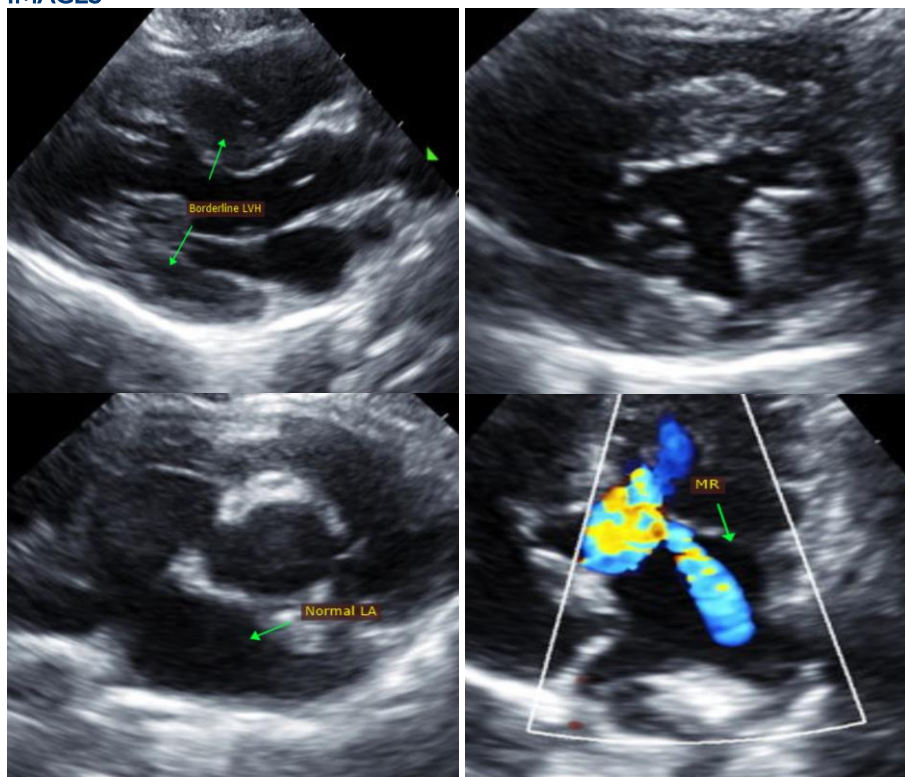
Given these findings, no medications are warranted. Routine BP and T4 monitoring is suggested every 6 months.

Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

Recommend recheck echocardiogram in 1 year to assess for any progression and reassess murmur origin.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com