

PATIENT

Thunder Sousa

PRESENTING CLINICAL SIGNS

History: Grade I/VI murmur; no clinical signs.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

BREED

Maine Coon

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. The papillary muscles are normal. The endocardium appears normal.

SEX

Male Neutered

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

AGE

2 years 9 months

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

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No 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.

WEIGHT

16.3lbs

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

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

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 210bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.2 |
| LA diam (cm) | 1.38 |
| LA:Ao (Swe) | 1.1 |
| IVS thickness (cm) | 0.47 |
| LVID diastole (cm) | 1.7 |
| PW thickness (cm) | 0.48 |
| LVID systole (cm) | 0.84 |
| FS (%) | 50 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.86 |
| AoV Vmax (m/s) | 1.1 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital defects are seen at this time. No cause for the murmur is identified in this study, making it likely physiologic in origin and masked by sedation (i.e., secondary to tachycardia, volume changes, etc.).

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Pietsch

INVOICE

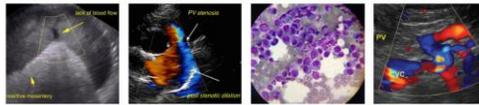
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RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.

DATE

8/5/21



PATIENT

Thunder Sousa

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SPECIES

Feline

PLAN

- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for development of disease the pre-existing murmur may mask.

BREED

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SEX

Male Neutered

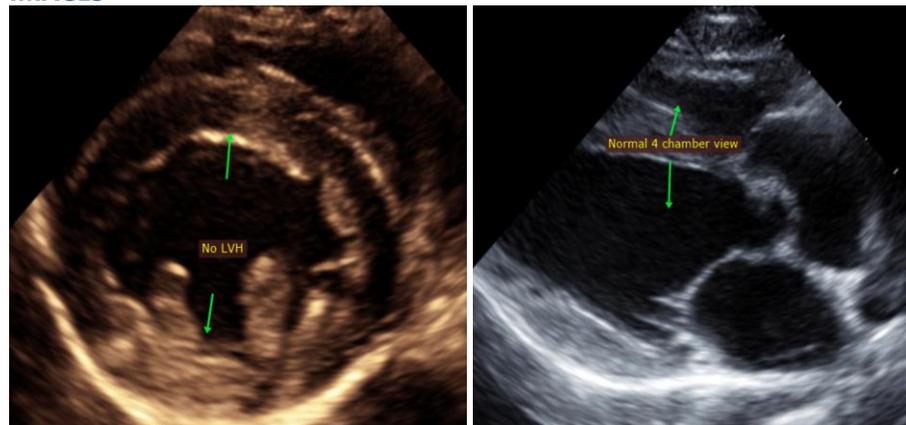
AGE

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WEIGHT

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IMAGES



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DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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
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