



**PATIENT**  
Trouble Franchot

**PRESENTING CLINICAL SIGNS**

History: Patient has resorptive lesions - echo prior to dental procedure. Grade II/VI murmur detected. Was diagnosed with asthma at an early age and given Flovent inhaler - has not been used in years but is noticing now. Sedated with dex/torb/ketamine; LV measurements captured after reversal.

**SPECIES**  
Feline

**ECHOCARDIOGRAM FINDINGS**

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

**BREED**  
DSH

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with fibrosis.

**SEX**

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

Male Neutered

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

**AGE**

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. No aortic insufficiency.

13 years

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is mildly dilated.

**WEIGHT**

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild to moderate double jet of tricuspid regurgitation. Normal velocity.

10lbs

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

**INTERPRETED BY**

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 120bpm.

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

**Doppler Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.4
LVID diastole (cm)	1.5
PW thickness (cm)	0.44
LVID systole (cm)	0.66
FS (%)	56

PV Vmax (m/s)	0.40
AoV Vmax (m/s)	0.72
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.8
TR PG (mmHg)	14

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Barnstable Animal  
Hospital

**REFERRING VET**

Dr. Ware

**INVOICE**

21092

**DATE**

9/19/21

**INTERPRETATION OF THE FINDINGS**

The only cause of a murmur identified is a mild to moderate tricuspid leak, which may be physiologic or may reflect early valve pathology. While TR is often physiologic in cats, the degree seen here is slightly more than is expected and the right atrium is mildly dilated. The velocity is normal indicating no obvious pulmonary hypertension as a contributing cause. Follow up for progression is advised. The left heart appears normal with no evidence of LA pressure or hypertrophic disease. Prognosis is open until progression is determined.

**RECOMMENDATIONS**

- Given these findings, no medications are indicated.



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 Trouble Franchot

- 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

**SPECIES**  
 Feline

**BREED**  
 DSH

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

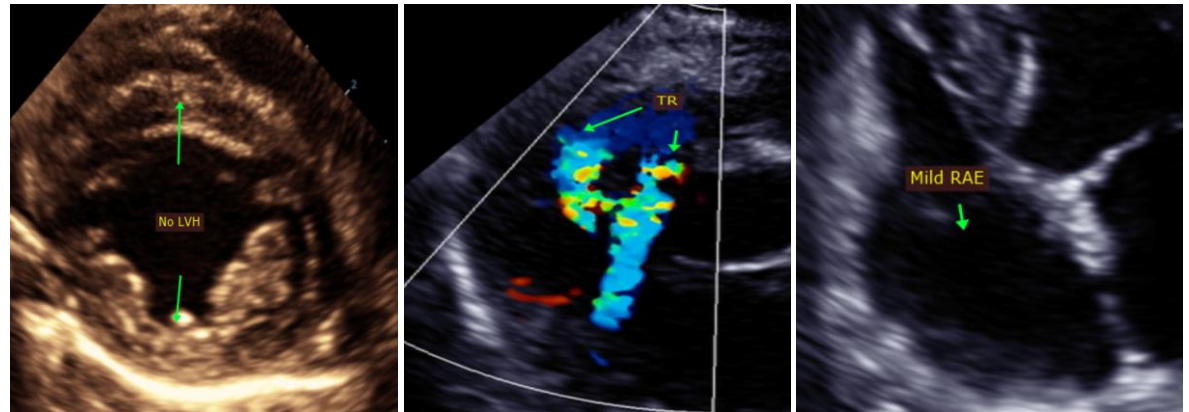
**SEX**  
 Male Neutered

**PLAN**  
 - Recommend recheck echocardiogram in 6-12 months to screen for any progressive changes, sooner if any issues arise in the interim.

**AGE**  
 13 years

**WEIGHT**  
 10lbs

**IMAGES**



**INTERPRETED BY**  
 Maggie Machen  
 Lamy, DVM  
 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.

**HOSPITAL NAME**  
 Barnstable Animal  
 Hospital

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

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