



PATIENT

Oslo Dao

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Assess prior to dental. BUN: 33.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is mildly hyperechoic endocardium. The endocardium also appears mildly remodeled. The MV is difficult to extensively visualize, and mild dysplasia is not ruled out. An obstruction is not captured on 2D or Spectral imaging; however, color flow is suggestive. Mild eccentric is present, likely secondary to SAM. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

1 year

WEIGHT

13.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	5.9	220	0.57	1.4	0.53	64	94
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	1.3	1.2	1.0		NM	1.2	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.

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild changes are identified in this study. The murmur is presumed to be due to a dynamic LVOT obstruction and secondary MR, due to abnormal valve movement and elevated heart rates. This is presumptive as Doppler flows were inconclusive. There are also borderline LV wall dimensions, in addition to mild remodeling and fibrosis of the left ventricular wall. These changes may be indicative of early cardiac disease or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. A screening BP and T4 are recommended, although likely of low yield in a young cat.

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Elshafie

In patients with persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and borderline normal LA/LV dimensions, no medications are clearly indicated. Prognosis is open long term until progression is assessed.

INVOICE

26429

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Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

SPECIES

Feline

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

BREED

DSH

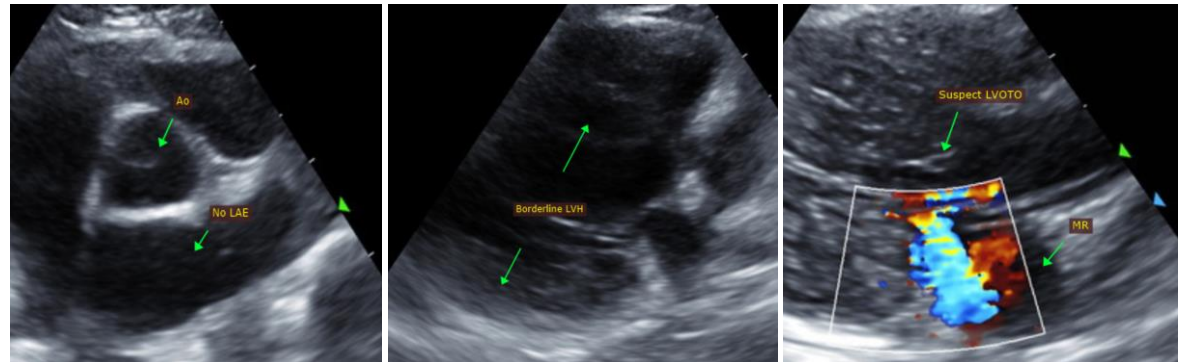
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IMAGES



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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.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

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