



PATIENT
Adam Blair

PRESENTING CLINICAL SIGNS

History: History of cough, which has improved. Somewhat decreased appetite. Grade II/VI systolic murmur. Radiographs: Subjectively enlarged heart; pulmonary space WNL.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
DMH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium appears significantly remodeled. False tendons.

SEX
Male Neutered

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

AGE
6 years

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

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

WEIGHT
6.5lbs

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.

Tricuspid valve: The tricuspid valve appears normal with trivial 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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.35
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.40
LVID diastole (cm)	1.58
PW thickness (cm)	0.44
LVID systole (cm)	0.9
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is increased remodeling and fibrosis of the left ventricular wall than is expected in a 6yo cat, which may be normal or may reflect early cardiomyopathy. Follow up is advised. No additional issues are identified. No cause of the murmur is seen in this study, making it likely physiologic in origin.

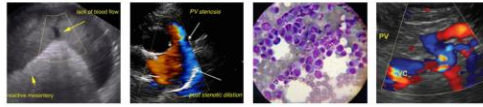
REFERRING VET

Dr. Harvey

Given these findings, the cough is certainly non-cardiac in origin further respiratory evaluation/treatment are recommended.

INVOICE
21192

DATE
9/23/21



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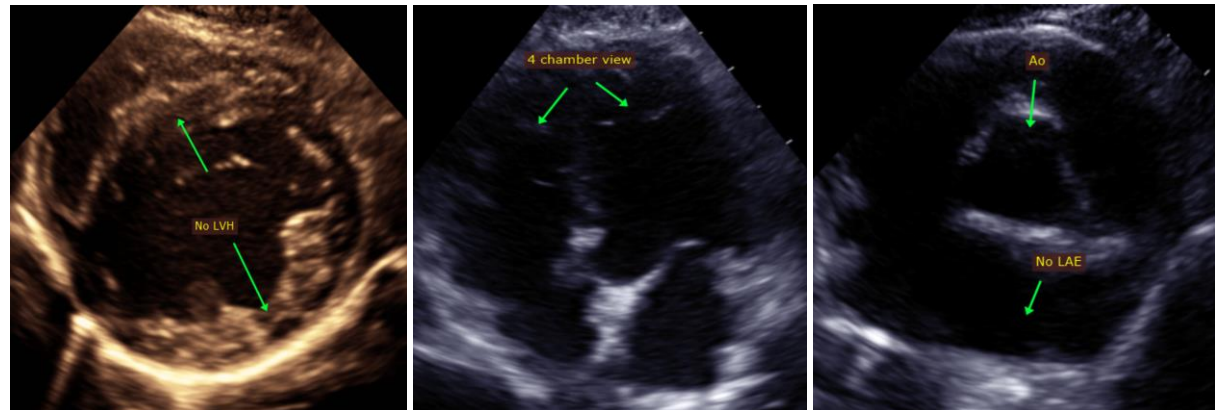
RECOMMENDATIONS

- No medications are indicated.
- No cardiac contraindication for general anesthesia. Any cat is at risk for fluid overload and/or steroid intolerance and monitoring of breathing rates is advised in either instance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recheck echocardiogram in 1 year to assess for any progressive issues and screen for development of disease.

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.

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