



PATIENT Luna Torres
PRESENTING CLINICAL SIGNS
 History: History chronic kidney disease; controlled hyperthyroidism. Presents with tachycardia and grade III/VI murmur. Cat doing well at home. *Sedated with butorphanol.

SPECIES Feline
ECHOCARDIOGRAM FINDINGS
 2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular; however, no obvious thickening is seen. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. False tendon. The endocardium appears remodeled.
BREED DSH
Left atrium: The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi seen.
SEX Female Spayed
Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is seen with no MR.
AGE 14 years
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity with a dynamic profile. 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.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
WEIGHT 15lbs
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 220bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.43
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.49
LVID diastole (cm)	1.5
PW thickness (cm)	0.50
LVID systole (cm)	0.42
FS (%)	72

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

East Boston
 Veterinary Hospital

REFERRING VET

Dr. Chopra

INVOICE

21221

DATE

9/26/21

INTERPRETATION OF THE FINDINGS

The cause of the murmur is a mild LVOT obstruction. What is unusual is the LV is not significantly hypertrophied and this may simply be a stress-related finding. A mildly dilated LA dimension is also noted, which is a mismatch from these equivocal findings. It is unclear if this is a form of early HOCM, a form of unclassified disease given unexplained LA dilation, or simply a normal variant. Certainly, follow up is advised. Regardless, the risk for spontaneous CHF and/or a thrombotic event is currently low and there is no obvious need for medication at this time. Going forward a screening BP and T4 are recommended every 6 months, as both can exacerbate disease (reportedly well controlled). No additional issues are identified.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. This is not clearly warranted at this time given the mild nature of the obstruction and lack of LVH.



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Luna Torres

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

15lbs

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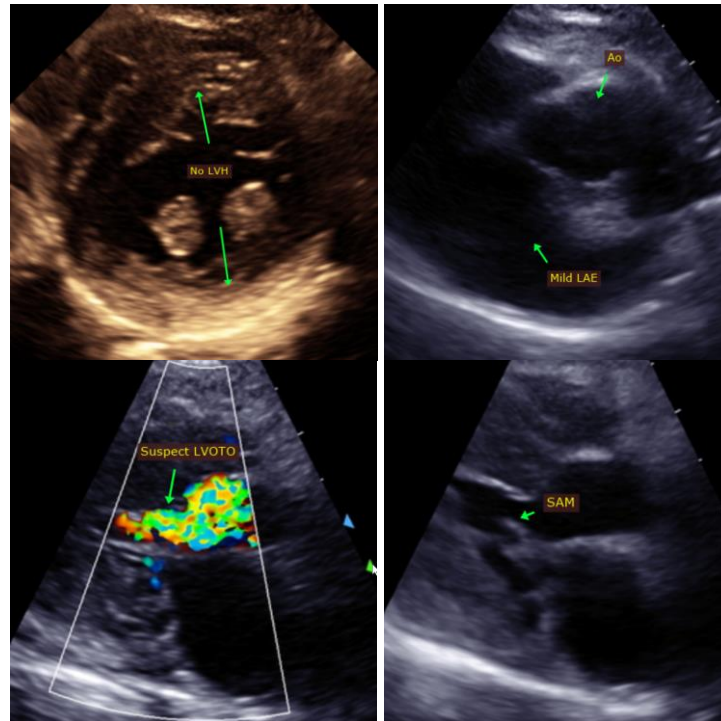
RECOMMENDATIONS

- No medications are indicated.
- Monitor BP/T4 q6mo.
- 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.
- Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. Monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

- Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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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