



**PATIENT**

Nerys Rose

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

4.1.06

**WEIGHT**

8.31lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Everhart Veterinary  
Hospital

**REFERRING VET**

Dr. Betta

**INVOICE**

26556

**DATE**

9.26.22

**PRESENTING CLINICAL SIGNS**

History: Presented for weight loss and chronic vomiting. O reports weight loss. Heart murmur grade 3/6 noted. Lungs otherwise clear.

-Pertinent abnormal PE/Chem/CBC/UA Results: HCT 29%, otherwise NSF on lab work including T4.

-Current medications: Cerenia 16mg ½ SID x 8 days. Stop for 2 days, then repeat if needed.

-Blood pressure: Unable to obtain.

-Sedation used: Torbugesic IV.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is minimally dilated and bulbous in appearance. Mild MV thickening with mild to moderate mitral regurgitation. Normal MR velocity. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

**CARDIAC CHART**

| 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                         | 3.5-0.55                                 | <2 (mean 1.5)              | 3.5-0.55                  | 35-67          | 80-100      |
| PATIENT                   | 3.8              |                                 | 0.46                                     | 1.5                        | 0.38                      | 46             | 80          |
| 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                   | NM               | 1.6                             | 1.3                                      |                            | 0.7                       | 0.8            | NM          |

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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is mild to moderate mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MV thickening may represent early valve disease similar to as seen in dogs, and serial monitoring is advised. The left atrium is minimally enlarged, which is also concerning for potential progressive disease. No additional issues are identified, and the LV wall dimensions are normal.

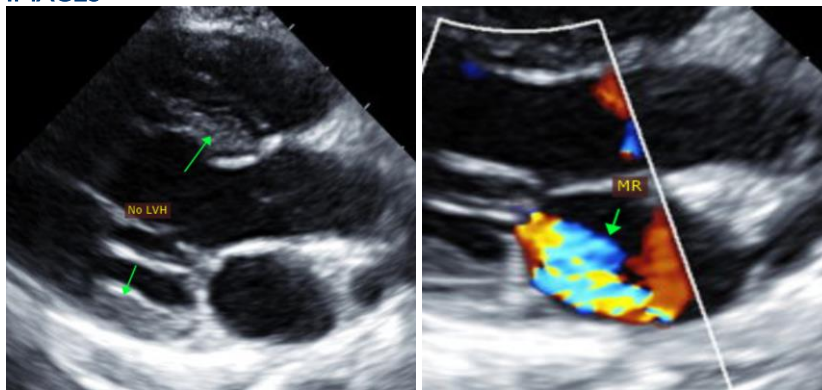
Given a mild LA enlargement, no medications are indicated and simple follow up is advised. Risk is low for complication; however, long-term prognosis is guarded given the highly variable rates of progression of sub-clinical feline cardiomyopathy.

These findings would suggest the cough is noncardiac in origin and other primary respiratory issues should be explored.

The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

## 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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