



PATIENT

Stitch Rollins

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

15 weeks

WEIGHT

5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mac Daniel, DVM

HOSPITAL NAME

Affordable Vet
Services

REFERRING VET

Dr. Duncan

INVOICE

21235

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Continuous murmur. No current clinical signs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The LV wall thickness is normal without evidence of pressure overload. The tricuspid valve appears normal with no obvious insufficiency seen. Moderate right atrial dilation. Significant right ventricular dilation and hypertrophy indicative of pressure overload. Subtle septal bounce in systole. Pulmonic outflow velocities are normal. The pulmonic valve appears normal with no pulmonic insufficiency. The MPA and proximal branches are not significantly dilated. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are present. No pericardial or pleural effusion noted.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	2.3	160	0.5	1.58	0.5	50	84
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	1.2	1.2	0.9		1.0	0.84	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is significant pressure overload of the right heart without an obvious cause. Rule outs for this finding in a kitten, include a branch (distal) pulmonic stenosis, primary pulmonary disease leading to pulmonary hypertension, secondary PAH due to lung disease (such as from a prior respiratory infection/inflammation like distemper, prior HW infestation, etc.), an extra-cardiac R-L shunt (PDA), and/or other complex congenital abnormality not appreciated in this study. A loud continuous murmur is also not explained, which is disconcerting. Advanced diagnostics are recommended in this unusual case in a kitten. These include but are not limited to advanced echo, a bubble study, angiography, and/or thoracic CT scan. Consider referral in this complicated case.

If referral is declined, consider further patient evaluation looking for abnormalities such as caudal cyanosis or hemoconcentration which would suggest Eisenmenger's physiology from a R-L shunt. If neither is apparent, no obvious treatment is indicated prior to a diagnosis and/or development of clinical signs. Baseline chest radiographs may also be useful.



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Regardless of diagnosis, these findings are significant and will likely limit lifespan, with risk for right-sided CHF in the future. Prognosis is guarded to poor long-term; however, it is encouraging that there are no obvious clinical signs.

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Feline

Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Moderate exercise restriction is advised.

BREED

DSH

Anesthetic risk is elevated and is not advised prior to a definitive diagnosis.

SEX

Male

PLAN

Consider referral for advanced diagnostics if an option. If declined, evaluate for caudal cyanosis, hemoconcentration, baseline CXR, etc. If referral is declined, reassess if clinical signs arise.

Recommend recheck echocardiogram in 6 months to screen for progressive changes.

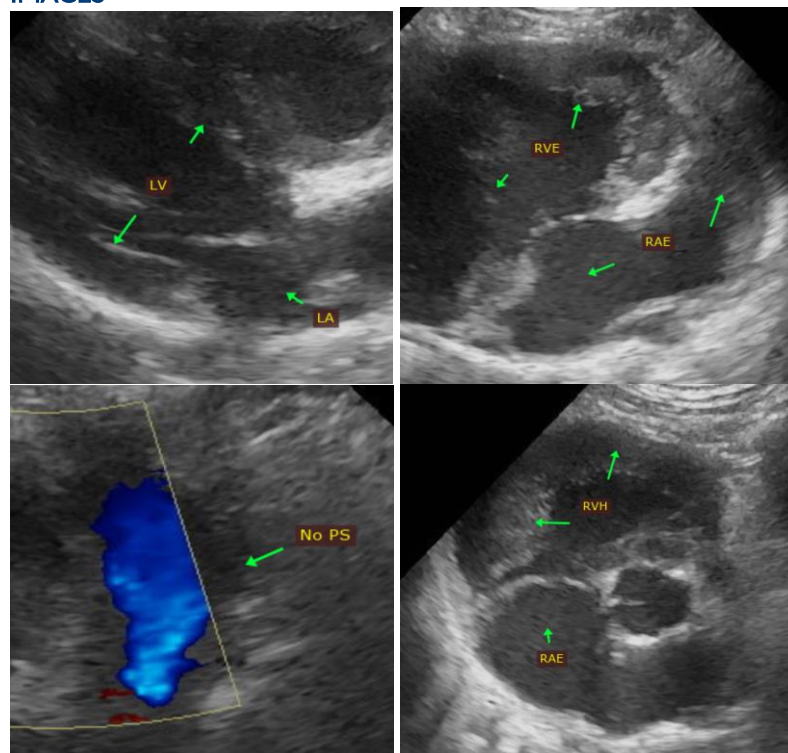
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

9/27/21

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