


**PATIENT**

Loki West

**PRESENTING CLINICAL SIGNS**

 History: Cough, URI signs. Grade 3-4/6 murmur with PMI along the sternum  
 -Blood pressure: Systolic range = 88-132; diastolic range = 52-79; #3 cuff on L forelimb in sternal; oscillometric machine.

**SPECIES**

Feline

-Abnormal PE/Chem/CBC/UA Results: CBC was WNL. Chem 17/lytes/SDMA was WNL with a TT4 of 37 (13-60; 30-60 is grey zone in older cats).

**BREED**

Ragdoll

-Radiographs: 1. Mild bronchial lung pattern. (a) Differentials include infectious bronchitis (bacterial, Mycoplasma, viral) which may be secondary to upper respiratory tract infection, or allergic/inflammatory bronchitis. 2. Prominent small intestine walls without focal pathology. (a) Differentials include IBD, food sensitivity, infectious or normal for the individual. 3. Normal cardiovascular anatomy with some age-related recumbent heart position. (a) The source of the heart murmur is not identified. There could be valve insufficiency or cardiomyopathy that is not seen on cats.

**SEX**

Male Neutered

**AGE**

11 years

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall and chamber are normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mildly remodeled papillary muscles. The left atrium is normal in dimension. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. No other valvular regurgitation seen. Blood flow through the RVOT is normal in velocity on color flow and doppler. No evidence of an LVOT obstruction on 2D or color, normal LVOT velocity. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion.

**WEIGHT**

12.6lbs

**CARDIAC CHART**
**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

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	5.7	NM	0.47	1.3	0.46	54	90
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	1.5	1.3	1.1		1.2	0.85	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**

Crystal Hill, RVT

**HOSPITAL NAME**

Glanbrook Veterinary Services

**REFERRING VET**

Dr. Weaver

**INVOICE**

21287

**DATE**

9/29/21



**PATIENT**

Loki West

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

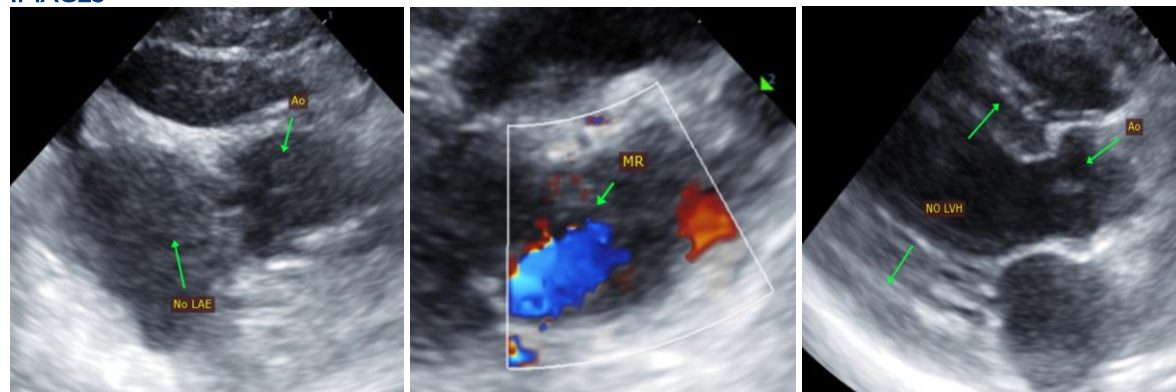
Overtly normal cardiac structure and function with no evidence of significant LVH or atrial dilation. Mild remodeling and fibrosis is seen; however, this is considered likely a normal finding rather than early pathology. Serial monitoring may be useful. There is no obvious risk for spontaneous CHF or development of thrombi at this time. No cause of the murmur is identified in this study, making it most likely physiologic in origin (i.e., due to stress/HR changes and of little clinical significance).

Given today's findings, the reported cough is certainly non-cardiac in origin. Consider a respiratory workup or treatment to further investigate primary respiratory causes (asthma, infectious, inflammatory, etc.), or consider a course of azithromycin to cover mycoplasma as well as the most common infectious agents. A screening HW test should also be considered. If needed, no contra-indication to steroid therapy from a cardiac standpoint, however, use in any cat should be closely monitored for respiratory changes at home.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.

No cardiac medications are indicated. Recommend reassess LV appearance and murmur origin in 1 year, sooner if any development of 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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