



PATIENT

Pineapple Lady AR

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

2 years

WEIGHT

3.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Mills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

21307

DATE

9/30/21

PRESENTING CLINICAL SIGNS

History: Murmur; grade II-III/VI. No arrhythmias noted. No clinical signs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic irregular endocardium consistent with fibrosis and remodeling. The anterior leaflet of the MV appears mildly thickened. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the RVOT is normal. Blood flow through the LVOT is borderline with suspicion for an intermittent obstruction on color flow and 2D imaging. There is no obvious mitral regurgitation. No AI. No PI. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.6	NM	0.46	1.3	0.46	52	94
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	1.3	1.1		1.9	1.4	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

Essentially normal cardiac structure and function. The only potential cause of a murmur identified is a suspect dynamic LVOT obstruction. The mitral valve is mildly thickened, and this may reflect a mild form of mitral valve dysplasia. Given a lack of LV hypertrophy, this is likely intermittent and relatively benign; however, follow up is advised. This is not considered an extensive congenital study and small abnormalities may have been missed. If the murmur persists or progresses, referral should be considered.

In this patient with a mild obstruction and a normal left atrial dimension/no LVH, no medications are clearly indicated.

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 12 months, sooner if any clinical signs arise.



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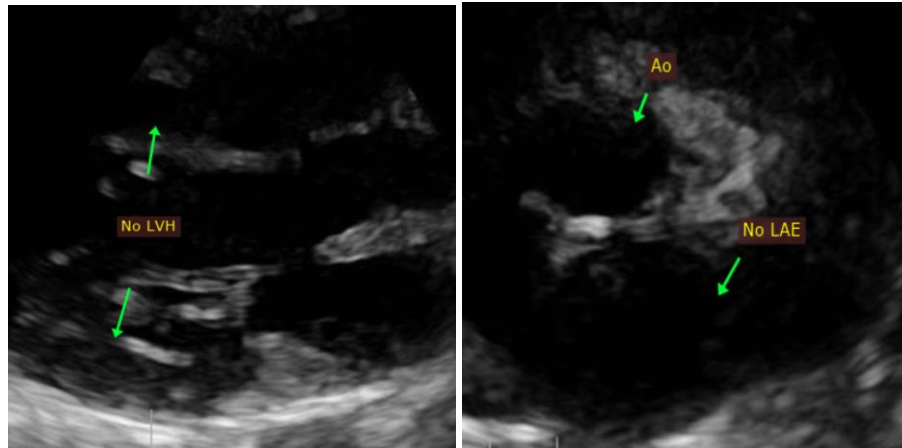
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IMAGES



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.

Maggie Machen Lamy, DVM
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