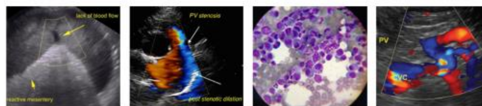


PATIENT
KitKat Desorcy

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
8 years

WEIGHT
9.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Humane Society and Shelter Southcoast

REFERRING VET
Dr. Thompson

INVOICE
28285

DATE
1/12/23

PRESENTING CLINICAL SIGNS

History: Patient has grade II-III/VI heart murmur with gallop rhythm. Lungs clear and pulses strong and regular. Upon palpation of abdomen kidneys feel small and irregular. Skin turgor slower than normal and eyes have sunken in appearance suggesting patient is dehydrated. Submitted geriatric profile with U/A as patient physically does not present as a 4-year-old cat likely much older. Patient is eating and drinking and was QAR at exam. No contagious or infectious disease findings on PE. Thyroid panel normal. On: 1) Clavacillin 62.5 mg 1 tab BID x 14 2) LRS 100mls sq SID 3) Mirtazapine 15mg 1/4 tab every 3 days as needed. BP: 146, 148, 151,156mmHg. *Sedated with Gabapentin and Butorphanol.
-Abnormal PE/Chem/CBC/UA Results: RBC 5.79, HCT 27.5, lymphocytes 0.585, monocytes 0.889 SDMA 17, BUN 42 PHOS 6.7 Amylase 2402, U/A RBC 2-5, WBC 0-2, RODS,9 HPF, granular casts trace blood and protein.

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 asymmetric with moderate septal hypertrophy and a borderline free wall dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendon.
Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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.
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 150bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	0.8
LA diam (cm)	1.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.73
LVID diastole (cm)	1.0
PW thickness (cm)	0.57
LVID systole (cm)	0.44
FS (%)	57

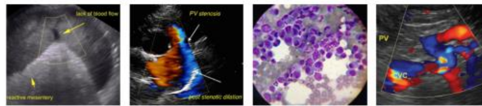
Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this normotensive cat with anemia/dehydration, volume depletion may be contributing. Regardless, the degree of disease is mild, with focal LVH and no LA dilation. No cause for the murmur is identified, making it likely secondary to volume changes.

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

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Prognosis is open, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

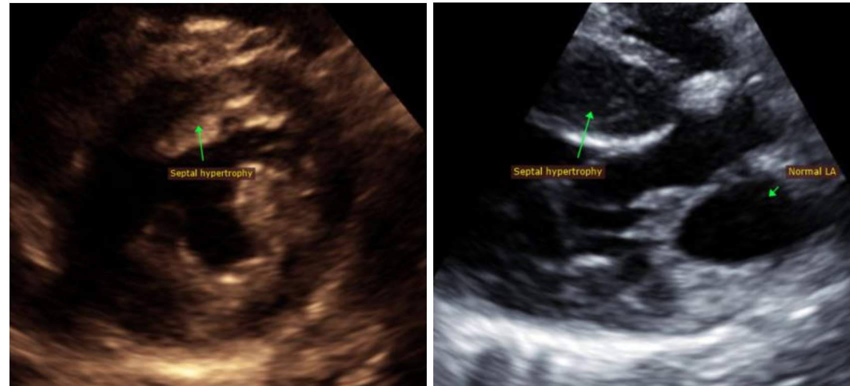
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- 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). 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 low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com