



PATIENT

Skittles Christensen

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

12 years

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

S. Barthelemy, DVM

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Nielsen

INVOICE

28299

DATE

1/12/23

PRESENTING CLINICAL SIGNS

History: Presented a few days ago for dyspnea, chest radiographs suggested feline asthma. Was started on inhalers (fluticasone and salbutamol) and oral prednisolone. Breathing has somewhat improved but now is very lethargic (bordering on obtunded), hyporexia. Started on IV fluids.

-Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram (elevated neutrophils and monocytes). Hemoconcentration, low BUN and creatinine. Normal albumin, normal liver values. Right sided wheeze on thoracic ausc at time of scan.

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 endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is borderline in dimension. The right atrium is borderline enlarged. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace TR. Normal velocity. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	220	0.41	1.45	0.43	61	92
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.3		1.2	1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. Both atria appear borderline enlarged, which is suspected to be secondary to reported fluid therapy. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated.

These findings would suggest the respiratory signs are noncardiogenic in origin. Further respiratory evaluation is recommended. If fluids need to be continued, careful monitoring of breathing rates is advised to screen for signs of intolerance. Repeat CXR will be useful should any dyspnea develop in the future given concurrent respiratory disease.



PATIENT

Skittles Christensen

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

12 years

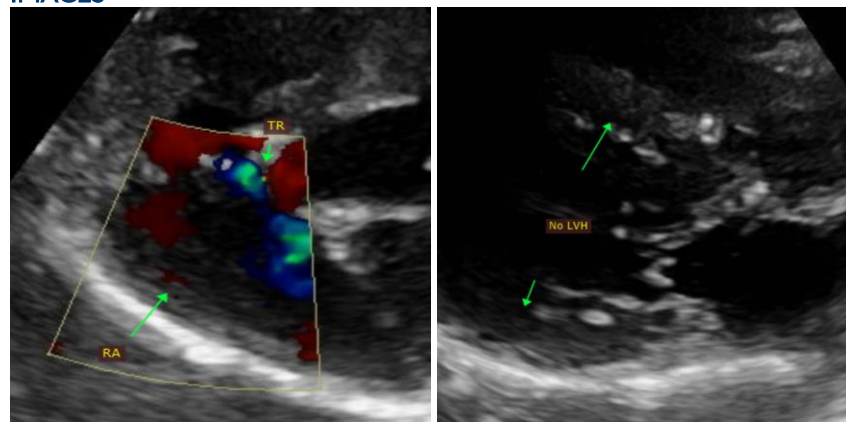
WEIGHT

8.6lbs

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. 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.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

S. Barthelemy, DVM

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Nielsen

INVOICE

28299

DATE

1/12/23