



PATIENT

Whitie Barrett

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5.17.11

WEIGHT

9.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart Veterinary
Wellpet

REFERRING VET

Dr. Betta

INVOICE

28356

DATE

1.16.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur.

-Current medications: Pimobendan 1.25mg BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (6/2021 MML): mild LVE, mild dysf, mild to mod LAE, suspect early RCM; LA 1.67, LA:Ao 1.78, LVIDd 2.1, FS 32

-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is increased with increased sphericity. Mild systolic dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and irregular. The endocardium also appears remodeled. The left atrium is mild to moderately dilated. The mitral valve is normal in structure and mobility. Trace MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT are normal in velocity. Trace/mild AI. No pleural or pericardial effusion seen. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.2	170	0.48	2.3	0.48	35	70
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	1.67	1.6		1.8	0.9	NM

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

Compared to the prior study, no progression is seen. Mild LA and LV dilation are noted with mild LV dysfunction. No hypertrophy is appreciated, and measurements are similar to previous.

Given these findings, continued Pimobendan is suggested going forward. Without progression no obvious indication for additional medications at this time. While stability is a great sign, there will always remain risk for CHF, malignant arrhythmias and/or blood clot events in this patient. Monitoring of breathing rates at home is suggested as the best way to screen for development of CHF.

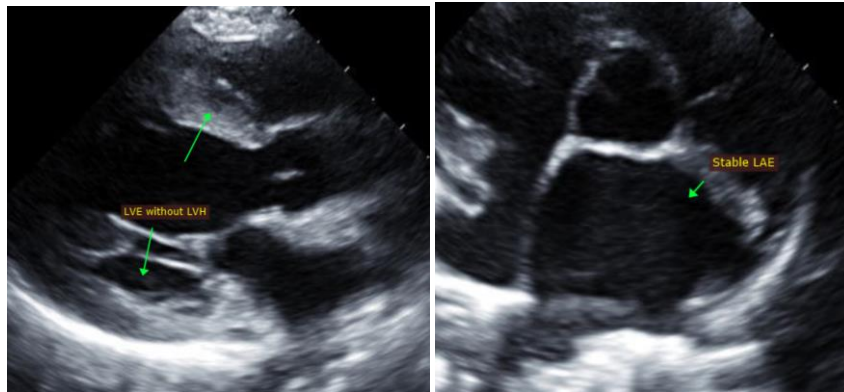
Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

PLAN

Continue Pimobendan as prescribed.

Recommend recheck echocardiogram in 6 months to assess for progression and need for medications, sooner if clinical signs arise.

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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