



**PATIENT**

Tom Backes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13.6 years

**WEIGHT**

8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kevin Kicker, DVM

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI left systolic heart murmur. Mildly elevated pro BNP: 169.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly decreased in dimension with mild endocardial fibrosis. The papillary muscles are remodeled and irregular. The endocardium also appears remodeled. The left ventricle is mildly dilated. Moderate LV dysfunction. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility with no MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. 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)	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	3.6	188	0.40	2.0	0.38	22	40
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	1.4	1.4	1.4		1.1	1.0	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.

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Oakes

**INVOICE**

28448

**DATE**

1/19/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary abnormality identified is mild LV dilation with moderate dysfunction. Restrictive Cardiomyopathy is the most likely diagnosis, although DCM would be an alternative explanation. Consider screening for contributing causes of this abnormality, such as atypical diet or any prior infectious/inflammatory insult to the myocardium. Regardless, the LA is only mildly enlarged, suggesting risk for complication is currently low. No additional issues are identified and no cause for the murmur is appreciated.

Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Given mild left atrial enlargement, simple monitoring would be reasonable in this case. That being said if the patient is easily medicated, Pimobendan could be considered for theoretic benefit. No additional medications are warranted at this time.



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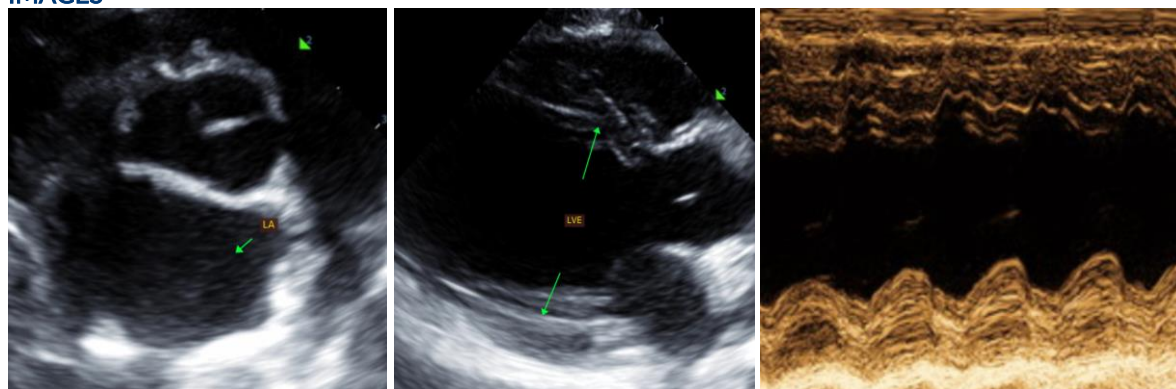
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol,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

**PLAN**

If elected, institute Pimobendan 1.25mg PO q12h. Consider screening diet history as discussed.

Recommend recheck echocardiogram in 6 months to screen for progression, 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.

Maggie Machen Lamy, DVM  
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