



PATIENT

Derrick DeBruyn

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

~15 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Spohn

INVOICE

28050

DATE

1/2/23

PRESENTING CLINICAL SIGNS

History: Concern for consolidation of ventral lung lobe; adhesions or previous injury or scar tissue. Abnormal patterns in mediastinum. Has had recurrent URIs with WBC count of 30-40k several times this past year. Unknown history was not cared for outside. FPL negative, on treatment for suspected pancreatitis.

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

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 200bpm with a largely regular rhythm. Low voltages complexes impedes extensive evaluation; however, no obvious dysrhythmias are observed.

ECG diagnosis: Normal sinus tachycardia.

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 normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. 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>	LWVd (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	4.5	NM	0.48	1.1	0.45	44	80
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	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	NM	1.0	1.0	0.85	0.91	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. 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



PATIENT

Derrick DeBruyn

finding. Given these findings, no medications are indicated. The ECG is unremarkable with a normal sinus tachycardia.

SPECIES

Feline

These findings would certainly suggest respiratory signs and radiographic abnormalities are noncardiac in origin. A Radiologist review of the films is strongly recommended. Consider further evaluation pending results, such as focused thoracic ultrasound, airway sampling, etc. depending on clinical status.

BREED

DSH

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.

SEX

Male Neutered

AGE

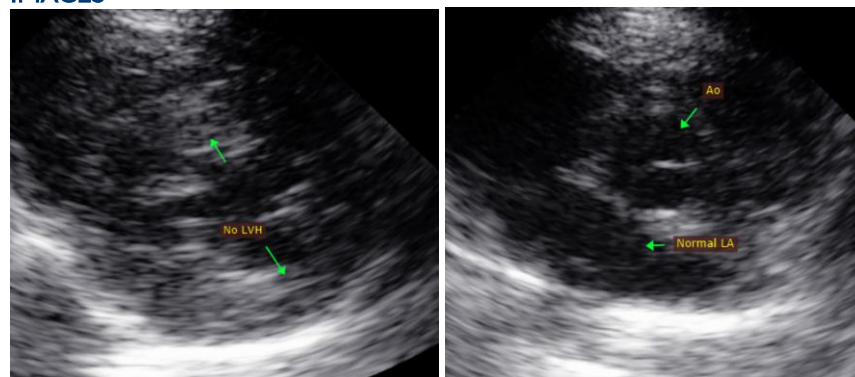
~15 years

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

WEIGHT

10lbs

IMAGES

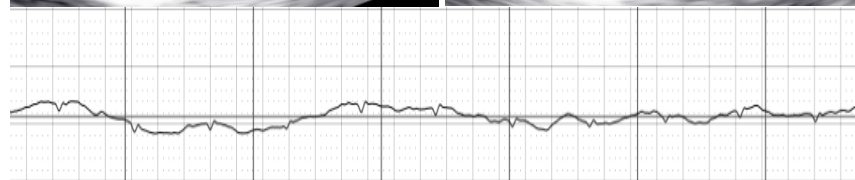


INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT



HOSPITAL NAME

Eubank Animal Clinic

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.

REFERRING VET

Dr. Spohn

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.

INVOICE

28050

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

DATE

1/2/23