



**PATIENT**

Pockers Christopher

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

10.3lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

28545

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

History: OHE and left chain mastectomy 7/27/22. Irregular mass of left caudal gland. Left and right chain carcinoma cancer grade 1. Right chain mastectomy 9/29/22. Most recent BW done Aug 2022- had eosinophilia, elevated amylase otherwise wnl. Last abdominal scan was stable (done 1/3/23) Hx of coughing, worsening the past 2 months with minimal response to meds. Hx of suspected asthma and response to steroid therapy last summer, did not respond to steroid therapy when tried again in Dec 2022. Did one round of clavamox, finished 1 week ago with mild response, but coughing still present. 1/3/23: Presented for follow up on coughing, no improvement with steroid therapy. -CXR report: Lower-airway disease. No CHF. Normal heart. BP: 130mmHg

**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 with trivial MR. No other 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) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.7	NM	0.51	1.2	0.47	64	94
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	1.2	1.1	0.9	0.7	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.*

**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 finding. Given these findings, no medications are indicated.

These findings would suggest the cough is certainly noncardiac in origin. No evidence of pulmonary hypertension is seen at this time. This may develop going forward, secondary to chronic respiratory disease. Monitor for associated symptoms, such as exertional syncope.

**IMAGING PERFORMED BY**

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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**

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. 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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