



PATIENT

Takoma Rome

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

28656

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade I/VI murmur. Asymptomatic. Arrhythmia noted.
-Pertinent previous echo findings (6/2022 MML): Borderline LVH, borderline LAE. IVSd: 0.55, LVWd: 0.56.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears minimally remodeled. Papillary muscle fibrosis. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Mild MR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

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	9.1	220	0.58	1.7	0.57	65	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	1.46	1.45	1.45		1.6	0.6	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

Compared to the prior study, there is evidence of slight progression. Borderline LV hypertrophy is unchanged; however, a mitral leak is now appreciated as the likely cause of the murmur. Additionally, the LA is now mildly progressively enlarged, which may suggest risk for complication in the future. No additional issues are identified. No comment on the reported arrhythmia can be made without an ECG tracing.

Even with progression seen here, no medications are indicated without significant LA dilation. Follow up is advised in this case to continue to screen for progression.

Prognosis is guarded long-term, as there may be risk for development of clinical signs in the future.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression, sooner if clinical signs arise in the interim.

IMAGES



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(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.

IMAGING PERFORMED BY

Shari Reffi, CVT

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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