



PATIENT PRESENTING CLINICAL SIGNS

Gracie Tavella History: Declining renal function. Lethargic. Grade 3/6 heart murmur. Raspy breathing. Congestion cranial to heart. BP: 127, 127, 98mmHg.

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

Feline

ECHOCARDIOGRAM FINDINGS

BREED 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. The endocardium also appears remodeled. The MV appears normal. A mildly elevated LVOT velocity is noted on color flow and Spectral doppler. Mild to moderate MR.

DSH

SEX The left atrium is normal in size. The right atrium is normal. The right ventricle appears normal.

Female Spayed

Blood flow through the RVOT is normal in velocity. No obvious TR. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

AGE CARDIAC CHART

14 years

WEIGHT

9.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWWd (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	4.2	NM	0.51	1.58	0.46	57	90
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	1.5	1.2	1.0		2.4	1.1	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 INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pocono Peak
Veterinary Clinic

Overtly normal geriatric cardiac structure and function. The murmur is likely due to an intermittent LVOT obstruction, secondary to abnormal valve movement at elevated heart rates. There are also irregular LV wall dimensions, in addition to mild remodeling and fibrosis of the left ventricular wall. These changes may be indicative of early cardiac disease (HOCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. No additional issues are identified.

REFERRING VET

Dr. Coyle

These findings would suggest radiographic abnormalities and current clinical respiratory signs are noncardiogenic. Consider primary respiratory disease as a more likely diagnosis.

INVOICE

26934

DATE

10/17/22



PATIENT

Gracie Tavella

In patients with persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and borderline normal LA/LV dimensions, no medications are clearly indicated.

SPECIES

Feline

From a structural standpoint, anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

BREED

DSH

A recheck echocardiogram is recommended in 1 year, sooner if any clinical signs arise.

SEX

Female Spayed

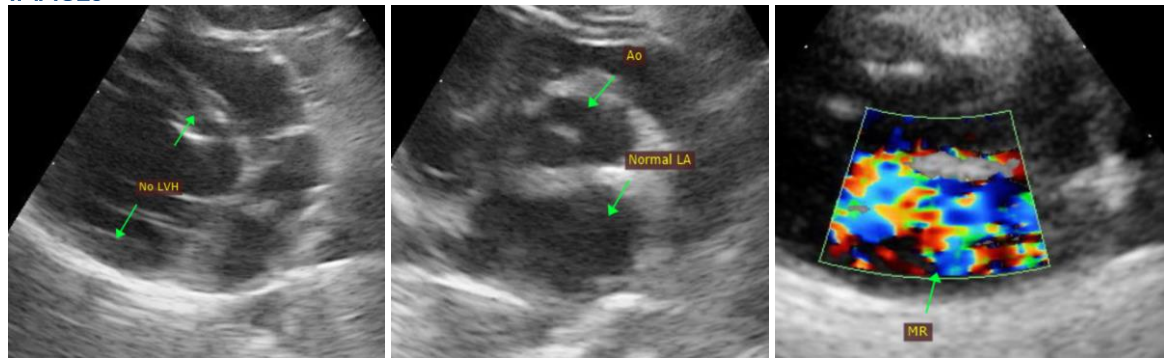
AGE

14 years

WEIGHT

9.2lbs

IMAGES



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Maggie Machen
Lamy, DVM, DACVIM
(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.

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.

IMAGING PERFORMED BY

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ARDMS/RVT

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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