



PATIENT

Loki Hanna

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

15.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Lakeshore Veterinary
Hospital

REFERRING VET

Dr. Aziz

INVOICE

21599

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Was on Laxatone, Theophylline and Verafloxx; has not received recently -Pertinent previous echo findings (4/2021 MML): Suspect RCM, no LAE. Mild LV dysfunction, FS: 32%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to slightly decreased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The LV appears remodeled with mild LV dysfunction. Papillary muscles are normal. The left atrium is high 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 MR. Trae TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI or PI. No effusions. No 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	7.13	111	0.34	1.8	0.34	33	60
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	1.6	1.3	1.2		NM	0.8	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

Largely unchanged structural disease is identified in this study. The LV dimension is similar to previous with mild dysfunction. Most importantly, the LA remains normal indicating low risk for complication.

Given what is seen here, no obvious indication for medication at this time. Continued monitoring is recommended as previously advised.

If needed, 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 an outflow obstruction (if present). 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.



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Recommend recheck echocardiogram annually, sooner if any clinical signs arise.

IMAGES

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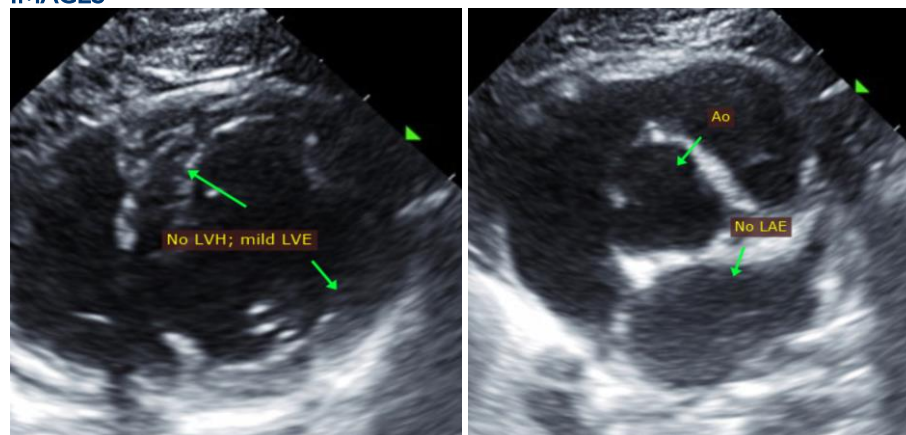
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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