



PATIENT

Lexie Bovie

PRESENTING CLINICAL SIGNS

History: History of chronic renal disease and hyperthyroidism. Treated with I131, 2020. TT4 2.1 on lab work 10/22. Tachycardia and gallop rhythm noted on PE along with 2lbs weight loss. ProBNP 227.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DMH

Left ventricle: The LV diameter is borderline increased with moderately depressed myocardial function. The LV wall thicknesses are normal to slightly decreased globally. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles appear normal.

SEX

Female Spayed

Left atrium: The left atrium is not significantly dilated. No obvious smoke or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

AGE

18 years

Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

WEIGHT

9.8lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.2
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.37
LVID diastole (cm)	1.5
PW thickness (cm)	0.38
LVID systole (cm)	1.07
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is LV dysfunction. This is unusual to see in cats and close monitoring is advised. There is no significant LA or LV dilation, and this is of unknown significance. Consider a diet history if indicated. Mild left atrial dilation suggests the risk for complication is low and no additional issues are identified.

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

Regardless of categorical classification, the finding of significant dysfunction confers risk for progression in the future and addition of Pimobendan (off label use) should be considered. If the patient is not easily medicated an alternative approach would be to simply monitor for progression over the next 6-12 months. Discussion with the owner is advised. No additional medications are indicated at this time.

INVOICE

27037

DATE

10/21/22

The long-term prognosis is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and



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 development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

RECOMMENDATIONS

- Consider monitor versus institute Pimobendan (off label use) 1.25mg PO q12h.
- Consider a diet history, avoiding nontraditional options.
- Anesthetic risk is considered moderate, 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.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

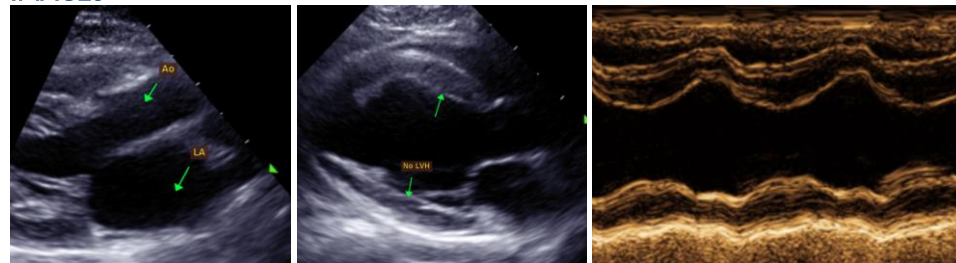
PLAN

- Recheck echocardiogram in 6 months, sooner if clinical signs arise in the interim.

WEIGHT

9.8lbs

IMAGES



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 Lamy, DVM
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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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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.

HOSPITAL NAME

Wood River Animal
 Hospital

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