



PATIENT

Mimi Behlendorf

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17 years

WEIGHT

8/.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Sobon

INVOICE

21662

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Heart Murmur, grade 3-4/6. Wheezing, increased breath sounds. No crackles. History of renal disease.

-Thoracic radiographs: Show enlarged heart.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is mildly dilated. The right ventricle is difficult to assess. The mitral valve is normal in structure and mobility. Mild MR. Blood flow through both the LVOT and RVOT is normal in velocity. Large hypoechoic mass (1.9 x 18cm) is visualized suspected to be adjacent to the aortic root. True extent is difficult to visualize; however, a sizable lesion is certainly identified. Infiltration/compression is difficult to determine. No significant effusions seen.

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	3.7	180	0.46	1.6	0.41	50	92
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	1.4	1.3	1.1		1.2	0.75	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is increased remodeling and fibrosis of the left ventricular wall, and this may be indicative of early cardiac disease or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression.

Clearly the most significant finding on this exam is a soft tissue lesion within the pericardial space. The true extent is difficult to visualize, and this type of mass is rare in cats, making it difficult to speculate on a differential diagnosis. A heart-based origin is suspected, with any soft tissue neoplasia possible including hemangiosarcoma, chemodectoma, lymphoma, etc. The mass is suspected to be compressing pericardial vasculature given right atrial enlargement. No obvious effusions are visualized; however, this patient is certainly at high risk for this developing.

Referral for advanced imaging is recommended as the next step to further evaluate the region



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(advanced echocardiography, CT/MRI). That being said, in a geriatric cat alternative options can be discussed with an Oncologist or Internist and/or symptomatic management. Prednisone may or may not have some benefit in these cases. Lasix is likely unnecessary in the absence of effusions (particularly given a history of renal disease); however, this patient is at high risk for their development and monitoring is advised. Full systemic evaluation should also be considered in search of an additional lesion that may be more amenable to FNA.

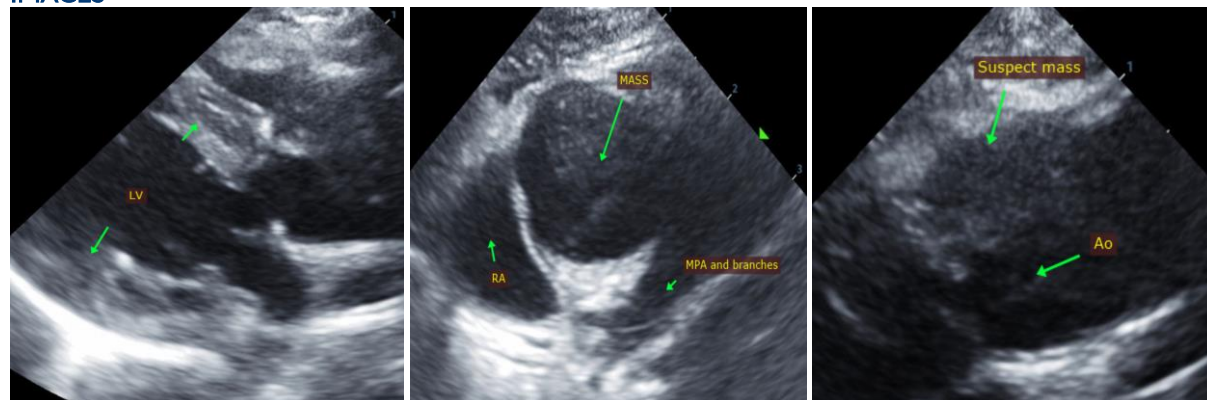
Elective anesthesia is not advised.

PLAN

Recommend referral for advanced imaging. If declined, full systemic evaluation should be considered. Medical options include a Lasix trial, potentially attempt Prednisone; however, true benefit is unknown. Discussion with an Oncologist may be beneficial.

Follow up based upon clinical progression. If patient does well at home, reassess lesion in 2-3 months.

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. 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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