



PATIENT

Dash Bergmann

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2012

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Everhart VC

REFERRING VET

Dr.

INVOICE

21702

DATE

10/25/21

PRESENTING CLINICAL SIGNS

History: Pt presented on 10/18 for respiratory issues. Pleural effusion noted and chest tap performed; removed about 120 ml serosanguinous fluid. Fluid sent for cytology - inconclusive for heart or cancer. Re-presented on 10/23 for respiratory issues, 250 ml fluid removed from chest. Pertinent abnormal PE/Chem/CBC/UA Results: chem nsf, CBC wbc elevation
 Current medications: Furosemide 10 mg, Mirtazapine, Gabapentin 45 mg.
 Blood pressure: Not provided by the veterinarian.
 Sedation used: Not needed.
 Pertinent previous ultrasound results: No previous IntraPet scans.
 STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Mild diffuse remodeling. The papillary muscles are hyperechoic. The left atrium is 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. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.5	240	0.43	1.0	0.48	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	NM	1.2	1.1	0.5	1.1	NM	

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.

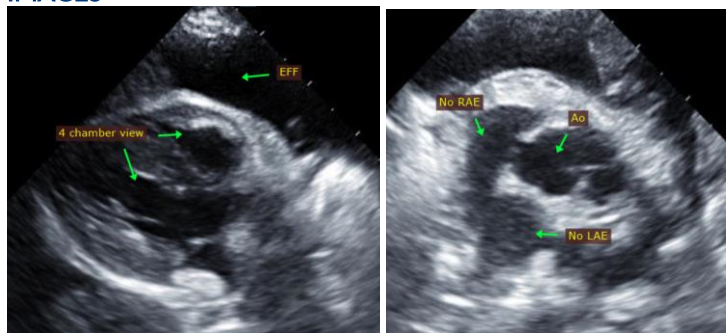
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac structure and function are overtly normal, with no evidence of a cardiogenic origin of the ascites. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious cardiac or extra-cardiac tumors are identified.

Further diagnostics are recommended including focused thoracic US, an abdominal ultrasound, etc. Consultation with an Internist may be useful in this case pending results. No obvious indication for Lasix from a cardiac standpoint.

Recommend recheck echocardiogram in one year to screen for development of silent disease, sooner if any murmur or gallop is identified.

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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