



PATIENT

Betty O'Neill

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14.7 years

WEIGHT

9.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

PRESENTING CLINICAL SIGNS

History: Heart murmur and IRIS stage 3 CKD. Assess risk prior to institution of steroids for LSA. Sedated with Gabapentin.

-Abnormal PE/Chem/CBC/UA Results (09/20/2022): ProBNP: 214. CHEM: CREAT 3.6, K 3.7, BUN 36, SDMA 14. T4: 1.6. U/A: USG 1.015, UPC 0.3, Protein negative.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. 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 normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	170	0.55	1.1	0.54	67	95
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		1.2	1.0	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

Overtly normal geriatric cardiac structure and function. The LV wall thickness is borderline normal, which may reflect volume depletion in this azotemic cat, may be indicative of early true hypertrophy, or may simply be a normal variant. Follow up for progression is advised and a baseline blood pressure/T4 are recommended. Regardless, there is no evidence of elevated left atrial pressure. No cause for the murmur is identified, making it likely physiologic in origin.

REFERRING VET

Dr. Jarrett

Given these findings, no medications are indicated. A baseline BP is strongly recommended in any patient with CKD.

INVOICE

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Anesthetic risk is considered mild. With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. **Risk for complication with steroid or fluid use typically follows LA dilation,**

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which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

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Recommend recheck echocardiogram in 1 year to screen for any progressive changes, sooner if any relevant clinical signs are noted in the interim.

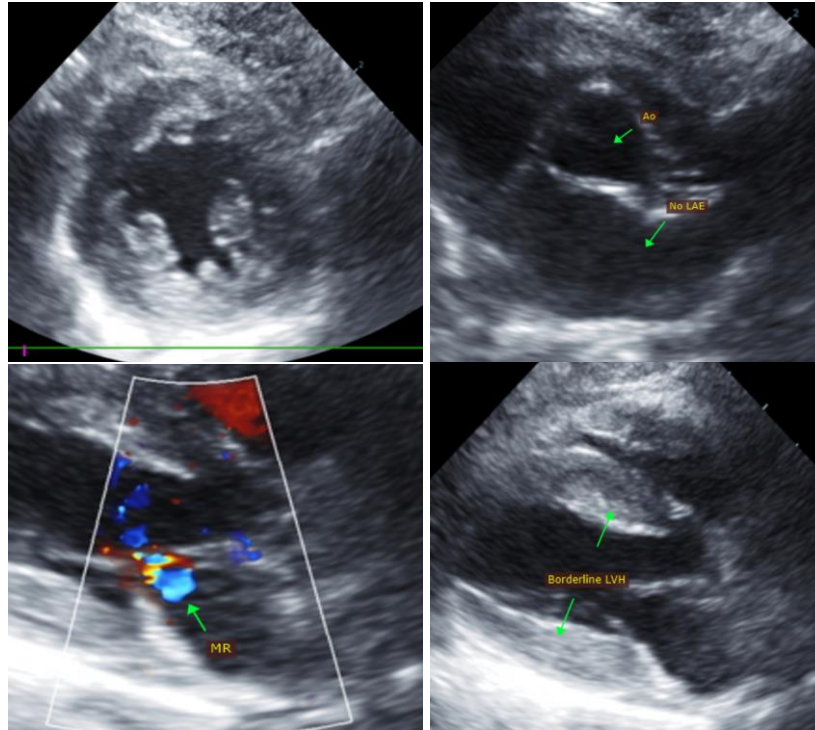
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

Kindness Animal
Hospital

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REFERRING VET

Dr. Jarrett

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