



PATIENT

Pickett Woolford

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2010

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaup

INVOICE

21718

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Since the previous AUS, patient's appetite has been variable and has had sporadic vomit episodes. Diarrhea resolved. Patient admitted to the ER over the past weekend due to anorexia and icterus. Surgery had been scheduled for Oct. 25th to take samples of intestinal walls and stomach, reactive lymph nodes. This was cancelled due to patient's condition. New murmur ausculted over the weekend. Assess prior to potential steroid therapy.

Pertinent abnormal PE/Chem/CBC/UA Results: Bilirubinemia 3.7 mg/dl. ALT on 10/24 greater than 1000, repeated 10/25 - 872 U/I. CBC - within normal limits, fPLi - normal.

Current medications: Ampicillin - 150 mg IV BID began on 10/23, Enrofloxacin - 15 mg IV QD began on 10/23, Maropitant 0.7 ml SQ QD began on 10/25, IV LRS at 25 mls per hour (1 1/2 times maintenance) Syringe feeding 4 times a day.

Blood pressure: Not provided by the veterinarian.

Sedation used: Sedation not required for scan.

Pertinent previous ultrasound results: 9-24-2021 (Abdominal)

STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium consistent with mild fibrosis and ventricular remodeling. The left ventricular chamber is borderline normal in dimension. The papillary muscles appear normal. The mitral valve is normal in structure and mobility. There is trivial mitral regurgitation present. The left atrium is normal in size. The right atrium is normal in size. Mild tricuspid regurgitation identified. The right ventricle appears normal. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	6.8	214	0.43	1.89	0.45	56	88
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	1.25	1.25		1.04	0.88	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

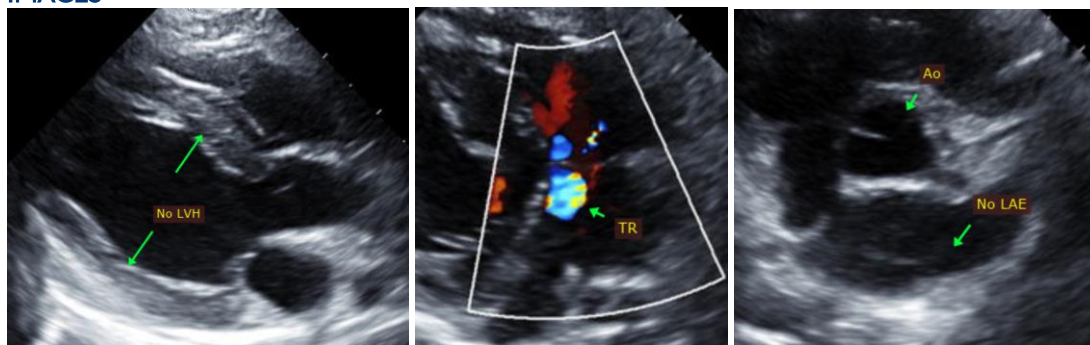
The only abnormality identified is mild tricuspid regurgitation, which may or may not be heard on exam. TR in cats is most often physiologic, with little progression or clinical relevance. There is also a fair amount of remodeling and fibrosis of the left ventricular wall which are likely age-related changes. Both atria are normal, indicating low risk for complication. No additional issues are noted.

No cardiac contraindication for anesthesia at this time. Risk for complication with steroid use typically follows left atrial dimension, which in this case is low. That being said, should fluid or steroid therapy be indicated in the future, any senior cat should be monitored for signs of acute intolerance (changes in RR/RE) particularly during the initiation phase.

No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

Recommend recheck echocardiogram in 12 months to assess for progression, and screen for development of disease the pre-existing murmur may mask.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
Email: info@sonopath.com