


PATIENT

Leroy Kitten Kuchocki

PRESENTING CLINICAL SIGNS

History: Irregular breathing. Seen at ER last night. Lower airway disease diagnosed on CXR. No murmur.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. The LV diameter is borderline with adequate myocardial function. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

Siamese

SEX

Male Neutered

AGE

8 years

CARDIAC CHART
WEIGHT

13.1lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	6.0	150	0.45	1.79	0.49	46	80
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	1.2	1.1	1.0	NM	0.9	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.							

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Simcoe Animal
 Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. Flow through the great vessels is normal and no significant valve leaks are appreciated.

REFERRING VET

Dr. Lancashire

No cardiac contribution to the clinical signs is suspected with asthma most likely. Consider a radiologist evaluation of the films for more detailed pulmonary interpretation. Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia.

INVOICE

27137

Recheck echocardiogram is recommended in 1 year to screen for any progressive changes, sooner if a murmur or signs of cardiac compromise be noted in the future.

DATE

10/26/22



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Dr. Lancashire

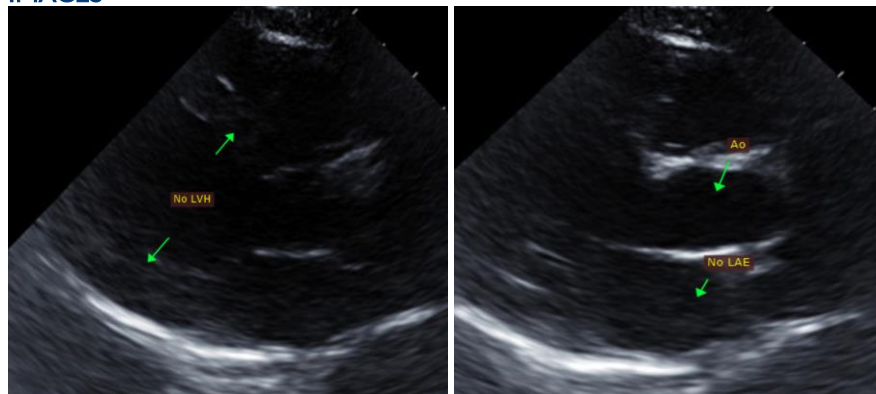
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IMAGES



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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