



PATIENT

Hamlet Frankland

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

12.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Headon Forest
Animal Hospital

REFERRING VET

Dr. Wallace

INVOICE

26705

DATE

10/4/22

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Constipated yesterday - when palpating abd and attempting manual evacuation/rectal exam began coughing and positioned as if bringing up hairball. Nonproductive cough. Not noted previously. Cannot run ProBNP as hyperthyroid patient. BP 163/88, 171/121, 171/90mmHg.
-Current medications: Felimazole, amlodipine, tramadol, gabapentin, prednisolone, b12, Prozac, Cerenia, restorolax, phos bind.
-Abnormal PE/Chem/CBC/UA Results: Unregulated diabetic, increase in ionized calcium, mild increase in SDMA, Creat, BUN. Increase in FPL, 3+ Glucose in urine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricle is mildly dilated with adequate LV function. The LV wall thickness is normal. There is a mildly hyperechoic endocardium. Mild papillary muscle remodeling. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal with no MR. No obvious SAM can be seen. No AI. No TR. Blood flow through the LVOT is normal. Blood flow through the RVOT is mildly elevated with a dynamic profile. No pulmonic insufficiency noted. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion 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	5.77	170	0.46	1.8	0.48	45	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	1.5	1.5	1.4	0.93	1.8	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

Mild abnormalities are identified. First is a benign heart rate dependent flow obstruction through the right ventricular outflow tract, which is a physiologic finding (i.e., benign and of no clinical significance). This is the likely origin of the reported murmur. Of more concern, both LA and LV measure mildly dilated. This is of unknown significance; however, in any cat with LA enlargement should be followed up closely. No additional issues are identified.



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From a clinical standpoint, mild left atrial enlargement indicates the risk for complication is currently low. Given these findings, no medications are indicated at this time. Prognosis is guarded prior to screening for progression.

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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

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Recommend recheck echocardiogram in 6-8 months to assess for any progression.

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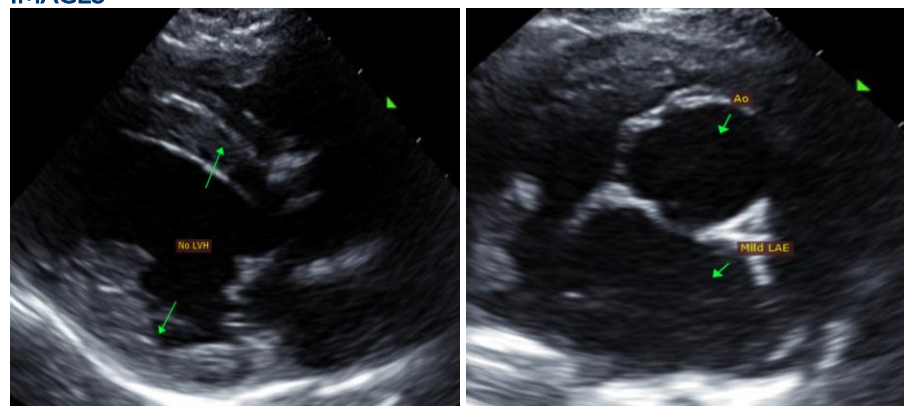
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IMAGES



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.

IMAGING PERFORMED BY

Crystal Hill, RVT

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

Headon Forest
Animal Hospital

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