



PATIENT

Sebastian Leslie

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Becky Callihan, DVM

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams

INVOICE

26680

DATE

10/4/22

PRESENTING CLINICAL SIGNS

History: Presented on ER last night for weakness, lethargy, decreased appetite over past month. Arrived to ER hypothermic and pale.

-Abnormal PE/Chem/CBC/UA Results: Patient sternal, dull but fractious with handling, unable to scan without sedation (alfaxalone, butorphanol, midazolam, flow-by and heat support, bp maintained low normal through procedure) Labs showed anemia with PCV 26%, TP 6.6 (?) ALT >10,000 Radiographs showed hypovolemia with very small caudal vena cava and pulmonary vessels, but subjectively possible enlarged left atrium Free abd fluid was aspirated and had PCV 20%, TP 5.5

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The LV chamber is decreased in size with borderline increased wall dimensions. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is decreased in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. Trace PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|--|--------------------------------|---|--|--|---|----------------------------------|-------------------------------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 4.1 | 140 | 0.57 | 0.86 | 0.56 | 52 | 84 |
| FELINE CARDIAC PARAMETERS | LA/AO <small>(Boon)</small> | LA/AO HEART BASE (Swe) <small>(Abbott)</small> | LA 2D short axis Base view (cm) <small>(Abbott)</small> | | LVOT VEL <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> |
| NORMAL | <1.5 | <1.3 | <1.2 | | <1.6 | <1.3 | <0.9 |
| PATIENT | 1.1 | 1.0 | 0.96 | | 0.9 | 0.7 | 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

Overtly normal cardiac structure and function with evidence of hypovolemia. The LV wall thickness is borderline with a small chamber, suggesting volume depletion. This is supported by a decreased left atrial size as well. No obvious additional issues are identified.

These findings would certainly suggest the current clinical issues are noncardiac in origin. Further systemic/hematologic evaluation is advised. Given these findings, no medications are indicated.

Anesthetic risk is considered mild. With 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 use typically follows LA dilation, which in



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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 assess for any progressive issues.

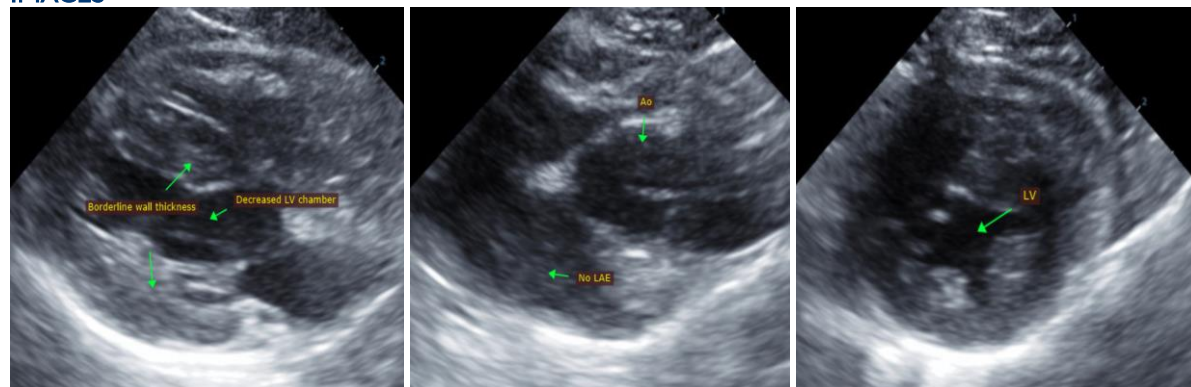
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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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