



**PATIENT**

Sam Mishkin

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

7/12/2011

**WEIGHT**

19.25 lbs.

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Everhart Veterinary Hospital

**REFERRING VET**

Dr.

**INVOICE**

21426

**DATE**

10/7/21

**PRESENTING CLINICAL SIGNS**

History: Presented for evaluation of lameness 9/17/21. Circumferential mass noted on L tarsus. Cytology consistent with round cell neoplasia. History of heart disease, under management by CVCA, last echo January 2021. Radiographs chest WNL, soft tissue swelling over L tarsus with suspected bony lysis, abdomen NSF

Pertinent abnormal PE/Chem/CBC/UA Results: Pending.

Current medications: Benazepril 2.5mg BID started prior to July 2020.

Sedation used: Patient sedated with Torbugesic, Gabapentin & Diazepam

Pertinent previous ultrasound results: CVCA Jan 2021- equiv LVH, borderline LA, false tendons causing LVOTO (IVSd 0.52cm, LVPWd 0.5cm, LA 1.4cm)

STAT: Not requested.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendons. 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.

**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	8.8	170y	0.54	1.4	0.52	59	91
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	1.3	1.39		1.1	0.83	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

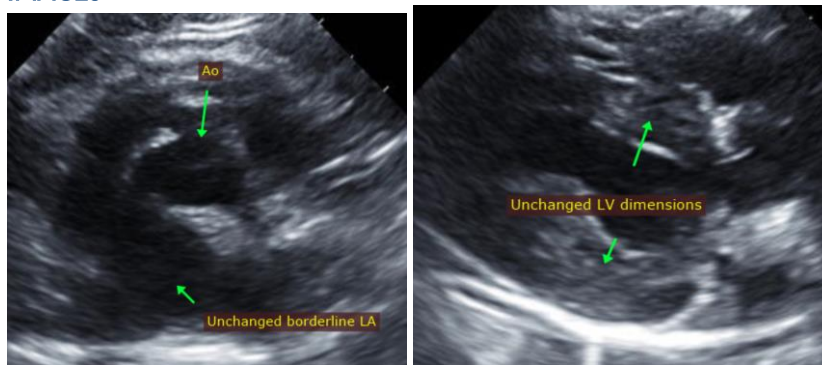
Overtly normal geriatric cardiac structure and function. The LV wall thickness remains borderline normal and there is no evidence of elevated left atrial pressure. Both the LV wall dimensions and the LA dilation are similar to what is described in the previous study with no evidence of progression. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. Serial echocardiography remains recommended to monitor for progression.

Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, 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.

Recommend recheck echocardiogram in 1 year to reassess murmur origin, 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.

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