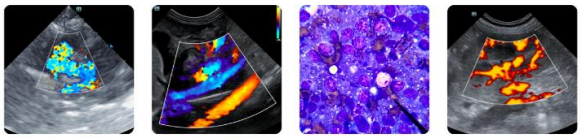


DATE

11.11.25

PATIENT

Junior Stratton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12.18.10

WEIGHT

23.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

45708

PRESENTING CLINICAL SIGNS

History: Recheck echo. No murmur. Continues to gain weight. Elevated BNP. Assess prior to dental.
Pertinent abnormal PE/Chem/CBC/UA Results: CBC: elevated MCH (17.7), thrombocytosis (660). CHEM: elevated BUN (44), elevated lipase (49). BNP: 145 high. UA: cysto to follow. T4: 2.6 WNL. Felv/FIV- neg x2
-Current medications: Gabapentin 50mg BID
-Sedation used: Torbugesic.
-Pertinent previous ultrasound results (8/13/24 MML): Mild LVH (0.63cm); remainder NSF.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. The LVOT velocity is borderline elevated with a dynamic profile. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	10..8	NM	0.64	1.2	0.63	58	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	1.2	1.1		1.5	1.3	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

Compared to the prior study, findings are similar, which is good news. Mild LV hypertrophy persists with no evidence of progression. The LA is normal suggesting low risk for complication.

Given these findings, no medication are indicated. Prognosis is guarded long-term.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

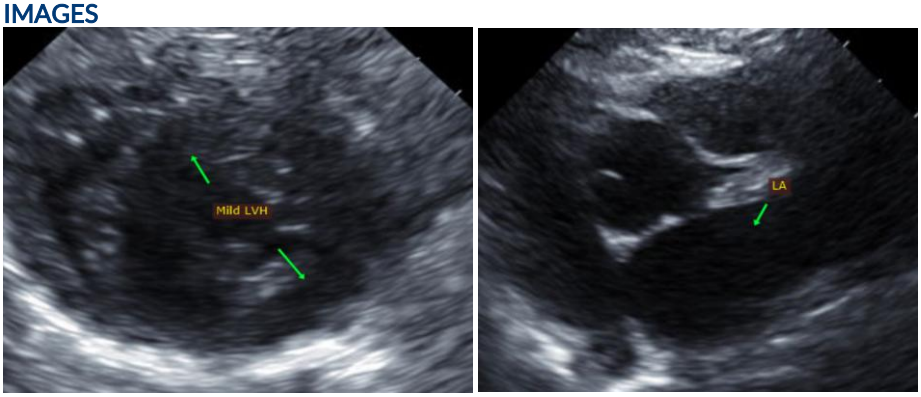
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is low. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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
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