



PATIENT

Bob Jackson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Emily Kalenius, DVM

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Kalenius

INVOICE

22180

DATE

11/26/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Hyperthyroid - currently euthyroid/controlled on methimazole. Recent labs isosthenuria but no azotemia. HTN. On amlodipine 1/4 tab PO SID. Recent increase in PU/PD behavior. Grade 2-3/6 systolic heart murmur. Blood pressure today: 202/118mmHg (on amlodipine) Abnormal PE/Chem/CBC/UA Results: EPOC WNL (no azotemia).
-Pertinent previous echo findings (5/2021 MML): Mild LVH, discrete septal thickening, borderline LAE, mild SAM, moderate MR, trace TR. IVSd: 0.73, LVWd: 0.62, LA: 1.3, AV max: 1.3

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with an irregular appearance. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. There is trace eccentric mitral regurgitation. Trace TR. Normal velocity. No other significant valvular regurgitation is present. 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) <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	5.7	200	0.67	1.3	0.65	69	96
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 (m/s)	RVOT VEL (m/s)	E max (m/s)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.6	1.3	1.3	1.6	1.4	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 LV hypertrophy persists; however, the remainder of the study is improved overall. The septal bulge is not visualized, and SAM is not apparent. The mitral leak is trace and no additional issues are identified.

These findings would suggest at least part of the pathology seen previously was due to tachycardia and uncontrolled hyperthyroid disease. Mild LVH does persist, and warrants follow up going forward; however, this is encouraging thus far. No medications are indicated at this time.



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The blood pressure is 200mmHg despite being on Amlodipine and may warrant dose alteration. Consider consultation with an IM specialist if difficult to manage.

SPECIES

Feline

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). 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 (ketamine, glycopyrrolate, atropine).

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PLAN

Screening blood pressure and T4 are recommended every 6 months. Consider more aggressive vasodilation pending BP reassessment.

SEX

Male Neutered

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

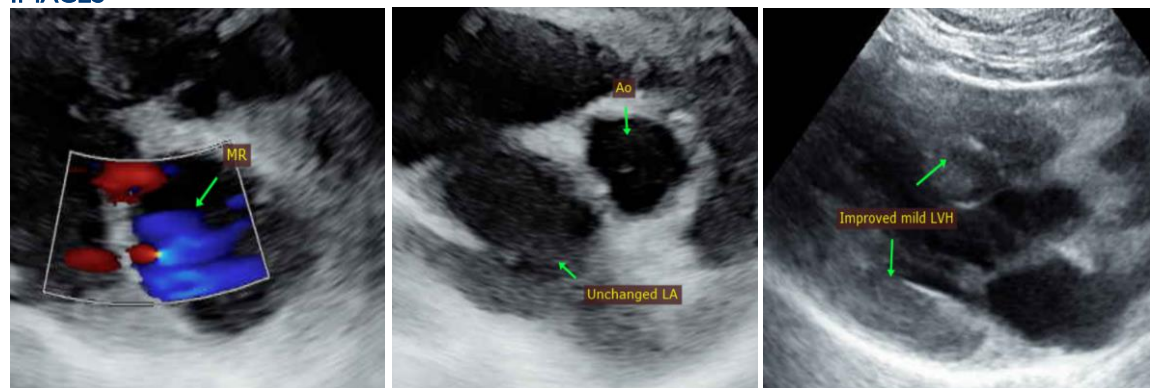
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Emily Kalenius, DVM

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

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Hospital

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