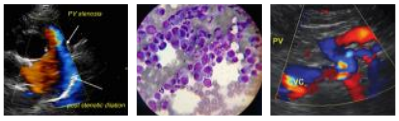
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Lulu Bergsman

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
10.15.08

WEIGHT
13.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Docside Veterinary Medical Center

REFERRING VET
Dr. Tierney

INVOICE
27664

DATE
11.28.22

PRESENTING CLINICAL SIGNS

History: Came in 11/22 for annual exam. New murmur noted. Only complaint from owner she feels pet is less active, sleeping more and having trouble with getting up and down from furniture. Exam shows of dental disease with probable FoRL. Recommend dental prophy with oral surgery. Grade I-II/VI rate dependent systolic murmur, definite grade 2 when HR 180, almost inaudible when HR <164.
-Pertinent abnormal PE/Chem/CBC/UA Results: cholesterol 239, spec grav 1.065 protein 1+
-Current medications: Dasuquin Adv SID, Hills C/D
-Blood pressure: 140, 136, 134mmHg.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a focal septal thickening. The remainder of the LV wall measures normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. 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. No MR. Trace TR. Blood flow through the RVOT and LVOT 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)	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	6.3	NM	0.61	1.2	0.50	43	78
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	1.0		1.2	1.1	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

Focal LV hypertrophy is present in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, no definitive cause is identified for the murmur in this study, making it likely benign and secondary to tachycardia/stress. A baseline BP is recommended.

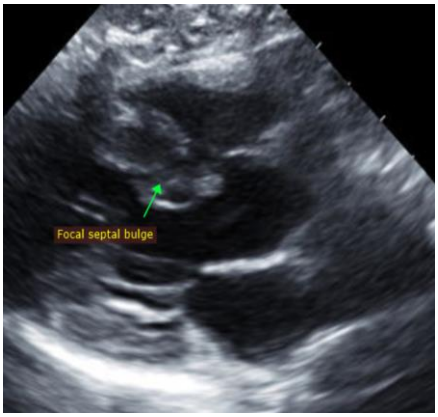
With a normal LA dimension, no medications are indicated.

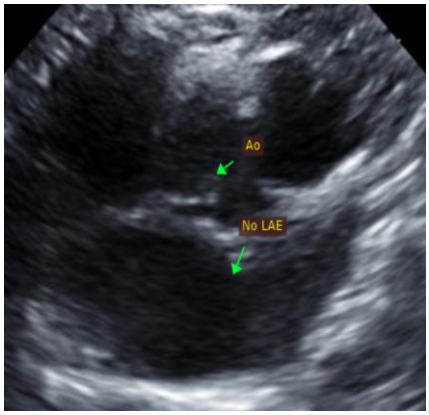
Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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