


PATIENT

Woof Louzides

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11years

WEIGHT

14.6lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

 Ho Ho Kus Veterinary
 Hospital

REFERRING VET

Dr. Scott

INVOICE

22220

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of grade 3/6 heart murmur and diabetes. Assess prior to dental.

--Current medications: Lantus BID.

Abnormal PE/Chem/CBC/UA Results: WNL.

-Pertinent previous echo findings (4/2021 MML): Focal septal thickening: 0.64cm, trace MR, suspect LVOTO, normal LA.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild focal septal thickening and a normal free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendon. 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 with trace MR. Blood flow through both the LVOT and RVOT are normal in velocity on Spectral Doppler; however, a mild LVOT obstruction is suspected on color flow imaging. 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	6.6	130	0.7	1.4	0.5	41	76
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	NM	1.2	1.2		1.1	1.3	NM
<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.							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study there is no significant progression. The LA remains normal and the focal septal bulge apparent. A slight increase in dimension is noted; however, this is of unknown significance. No significant LVOTO is appreciated, and trace MR is unchanged. No additional issues are identified.

Given these findings, no medications are indicated.

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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction,



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isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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

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

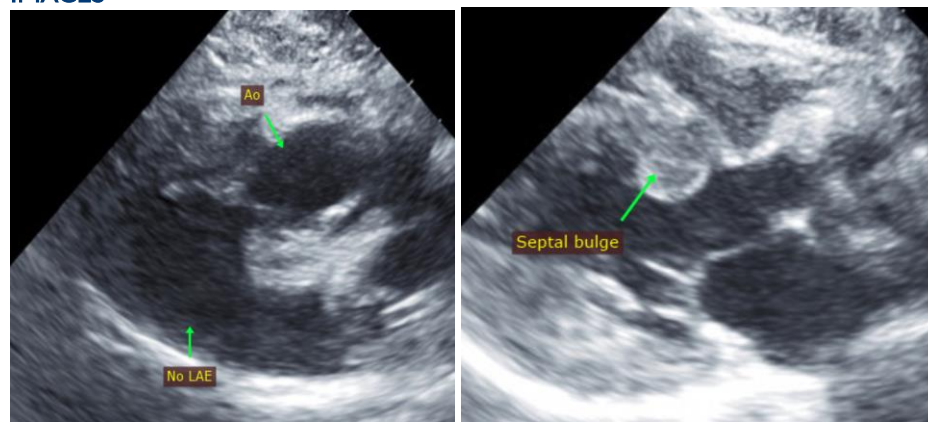
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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