



PATIENT

Napoleon Cavey

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

1.1.07

WEIGHT

7.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Hicks

INVOICE

27331

DATE

11.8.22

PRESENTING CLINICAL SIGNS

History: Not been eating for about 1 week; lost weight but only noticed after haircut - URI as improved since. Convenia injection - no vomiting, coughing

-Pertinent abnormal PE/Chem/CBC/UA Results: Presented in kidney failure Seen at Swan Creek on 11/4/22 and treated for a URI with Convenia inj. Senior BW performed as P had lost ~4lbs in 6 months- HCT 23% - BG 188 (H), Creat 18 (H), BUN 207 (H), ProBNP 385 (H), T4 low.

-Current medications: Unasyn, Ondansetron, Cerenia, Mirtazapine.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally increased normal in dimension. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. The mitral valve appears mildly thickened with mild mitral regurgitation. Normal velocity. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LWVd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|---------------------------|---------------------|------------------------------------|--|---|--|-------------------|----------------|
| NORMAL PARAMETER | ----- | 150-240 | 3.5-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 3.5 | 187 | 0.60 | 1.2 | 0.60 | 70 | 96 |
| 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 | 1.3 | | 1.1 | 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.

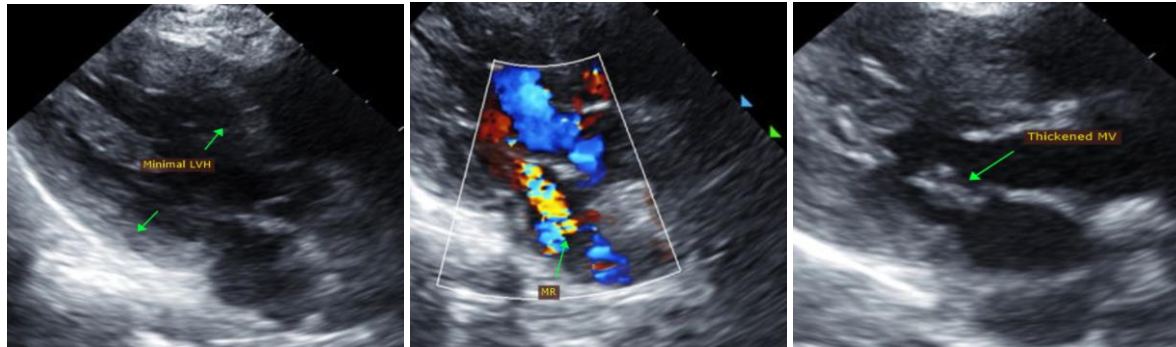
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two abnormalities are identified. First, is mild valve thickening with mild mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MR may also represent early valve disease similar to as is seen in dogs, and serial monitoring is advised. The LV wall thickness is also minimally increased; however, this can develop simply secondary to volume depletion, as is seen with CKD. Follow up is advised to determine clinical relevance of the findings. The LA is normal in dimension, indicating the risk of complication is low at this time, and no medications are indicated. Monitor BP and T4 every 6 months in this predisposed cat.

The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is an elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

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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