

IMAGING PERFORMED BY

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PATIENT

LeeAnn Labarre

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1.28.17

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Homeward Bound
Veterinary

REFERRING VET

Dr. Vance

INVOICE

27792

DATE

12/2/22

PRESENTING CLINICAL SIGNS

History: Was at AEH this weekend and they recommended an echo.

-Current medications: None listed.

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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 obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. Trace AI. No pleural effusion seen. Scant pericardial effusion. No obvious cardiac tumors. An intermittent rapid tachycardia is suspected throughout the study.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	250	0.47	1.1	0.41	56	89
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	1.4	1.2	0.9	1.5	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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. A small aortic leak is noted, and a baseline BP is recommended. No additional issues are identified. **An intermittent tachycardia is noted throughout the study and a baseline ECG is strongly recommended.**

Of some concern, scant pericardial effusion is noted. This is unlikely to be cardiogenic in origin given a lack of atrial dilation. One exception would be if there is a true pathologic arrhythmia present, as rapid tachycardias can lead to this development. Pending results of ECG evaluation, alternative explanations should be considered, such as systemic disease or neoplasia. No treatment is warranted based upon what is seen here as this is hemodynamically insignificant.

Given these findings, no medications are indicated.

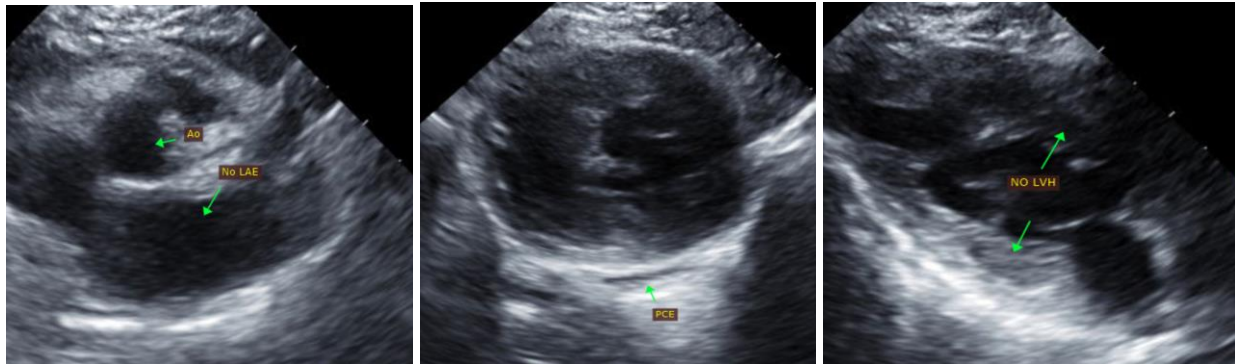
Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A baseline BP and ECG are strongly recommended. Consider further evaluation of pericardial effusion as discussed.

Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues.

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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