



**PATIENT**

Meeko West

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female Spayed

**AGE**

7.17.13

**WEIGHT**

8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Greenbrier Veterinary  
Clinic

**REFERRING VET**

Dr. Boccanfuso

**INVOICE**

27795

**DATE**

12.2.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Cough developed about 3 weeks ago and has progressively worsened. Exam today had a grade 2/6 systolic murmur parasternal, gallop rhythm and overall muffled heart sounds. On a grain free diet due to IBD.

-Chest x-rays: Showed an area of increase opacity in right caudal lung field and overall bronchointerstitial lung pattern.

-Current medications: None listed.

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

-Pertinent previous ultrasound results (5/22 MML): irregular fibrotic LV without LVH or LAE

-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 normal with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium/papillary muscles appear mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. Trivial TR. The right ventricle appears normal in size. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT are normal in velocity. No obvious valvular regurgitation is seen. No evidence of cardiac tumors on this scan. No pericardial or pleural effusion identified.

**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	3.6	NM	0.44	1.3	0.50	41	76
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	1.1		0.7	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

Persistently normal cardiac dimensions and function with an irregular LV morphology. No additional issues have developed, and the LA remains normal.

Given these findings, the cough is certainly noncardiac in origin. Consider a Radiologist review of the films, a course of Azithromycin, etc.

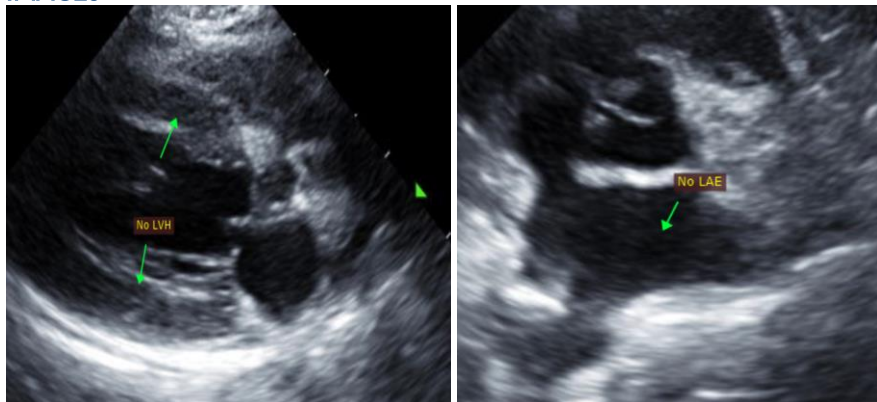
No cardiac medications are indicated.

Monitor for any respiratory changes or signs of a blood clot event going forward.

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, 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.

Recommend recheck echocardiogram in 1 year to assess for 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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