



## PATIENT

Earl Little Buddies  
Rescue

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

5 years

## WEIGHT

11.8lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Potomac Mobile  
Veterinary Ultrasound

## HOSPITAL NAME

Anicura Veterinary  
Clinic

## REFERRING VET

Dr. Jarrett

## INVOICE

22296

## DATE

12/6/21

## PRESENTING CLINICAL SIGNS

History: Mild elevation in ProBNP.

-Abnormal PE/Chem/CBC/UA Results: USG 1.018 CBC HCT 19.7, HGB 6.3 RBC 4.3 SDMA 22, BUN 39, Creat 1.6 ALT 24, AST 12, ALP 10 Cardiopet 112 U/A USG 1.018, pH 6, U protein 2+

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of mild fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The LV chamber is mildly dilated. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. No MR. The right atrium is mildly dilated. The right ventricle is normal. No TR. Blood flow through both the LVOT and RVOT are normal in velocity; however, dynamic profile is noted through the pulmonary artery. Mild aortic insufficiency. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	110	0.51	2.0	0.50	52	86
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	1.4	1.4	1.4		1.8	0.8	NM

*\*Note: All measurements based upon multi-modal images and methods. An average value is reported.*  
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

Early unclassified cardiomyopathy is suspected. This diagnosis is based upon mild biatrial and LV dilation and a lack of significant LV pathology. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Fortunately, with only mild atrial dilation the risk for complication is low, however there is high risk for progression going forward. Mild aortic insufficiency is also identified, and a baseline blood pressure is strongly recommended. No additional issues are identified.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid



**PATIENT**

Earl Little Buddies  
Rescue

ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

**SPECIES**

Feline

**PLAN**

Baseline BP is recommended.

**BREED**

DLH

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

**SEX**

Male Neutered

**IMAGES**

**AGE**

5 years



**WEIGHT**

11.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

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.

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**HOSPITAL NAME**

Anicira Veterinary  
Clinic

**REFERRING VET**

Dr. Jarrett

**INVOICE**

22296

**DATE**

12/6/21