


**PATIENT**

Jezebel McDermott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

7lbs; 3.2kgs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

 Loetitia St-Jacques,  
 LVT/RVT

**HOSPITAL NAME**

 VCA Feline Animal  
 Hospital

**REFERRING VET**

Dr. Fleming

**INVOICE**

22335

**DATE**

12/8/21

**PRESENTING CLINICAL SIGNS**

History: Baseline echo prior to steroids use. Weight loss.

-Abnormal lab results: ALBUMIN 2.7 2.5 - 3.9 g/dL GLOBULIN 5.1 2.3 - 5.3 g/dL Alb/Glob ratio 0.5 0.35 - 1.5 AST (SGOT) 24 10 - 100 IU/L ALT 44 10 - 100 IU/L ALP 24 6 - 102 IU/L GGT 2 1 - 10 IU/L Total bilirubin 0.1 0.1 - 0.4 mg/dL BUN 63 14 - 36 mg/dL Creatinine 3.0 0.6 - 2.4 mg/dL BUN/CREAT RATIO 21 4 - 33 PHOSPHORUS 5.9 2.4 - 8.2 mg/dL Glucose 69 64 - 170 mg/dL CALCIUM 9.1 8.2 - 10.8 mg/dL Magnesium 2.0 1.5 - 2.5 mEq/L Sodium 154 145 - 158 mEq/L Potassium 4.8 3.4 - 5.6 mEq/L Na/K ratio 32 32 - 41 Chloride 119 104 - 128 mEq/L CHOLESTEROL 157 75 - 220 mg/dL Triglycerides 67 25 - 160 mg/dL Amylase 1152

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is low normal in velocity. No AI/PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

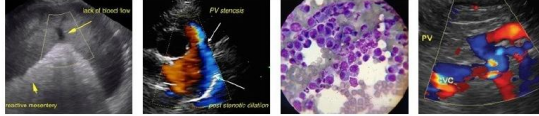
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.2	240	0.41	1.5	0.43	59	91
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.2	1.1		1.2	1.2	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**

Overtly normal geriatric cardiac structure and function with no evidence of significant LVH or atrial dilation. There is a significant amount of remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related change. Serial echocardiography will be necessary to determine progression and clinical relevance.

Given today's findings, there is no obvious contraindication for steroid or fluid therapy at this time. That being said, any older cat carries some risk for acute intolerance of either approach, and monitoring of breathing rates is advised particularly during the initiation phase. As a separate issue, serial BP monitoring is advised in any azotemic cat.



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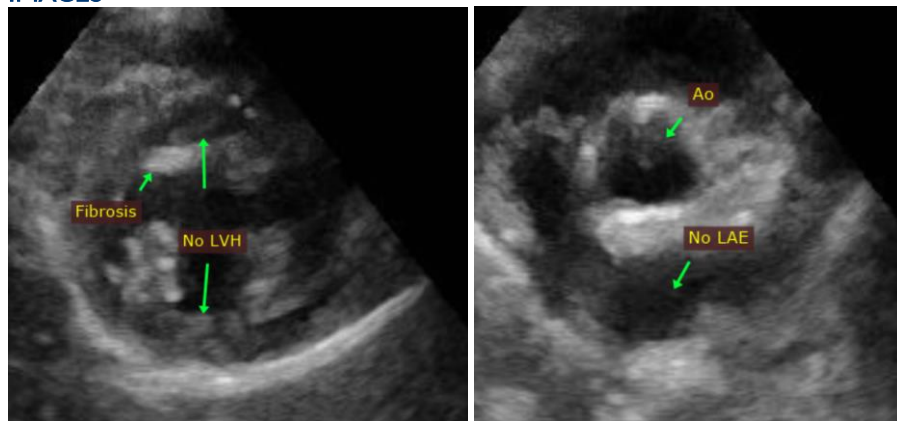
12/8/21

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 an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

Monitor for any progress of her disease including a murmur, gallop, and were developed a respiratory signs.

Recheck echocardiogram in 12 months for any progressive issues, sooner if any clinical signs arise.

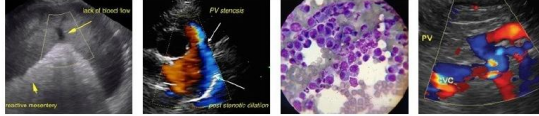
**IMAGES**



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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