



DATE PRESENTING CLINICAL SIGNS

12.9.25

History: Recheck echo. Long-standing grade 2/6 systolic murmur. Hyperthyroid; controlled on 1.25mg methimazole SID. Asthmatic controlled on daily fluticasone, recent IBD and pancreatitis diagnosis, on Royal Canin HP + SO, B12, Provable and Zyrtec. Stable, gaining weight after above therapies started.

PATIENT

Peppercorn Medley
Hayes

-Pertinent abnormal PE/Chem/CBC/UA Results: Labs NSF except mild eosinophilia.
-Current medications: METHIMAZOLE 5MG TABLET, VITAMIN B12 INJECTION 100ML, Zyrtec 5mg SID, proviable SID, fluticasone inhaler daily.
-Sedation used: Not required to complete full diagnostic ultrasound.

SPECIES

Feline

-Pertinent previous ultrasound results (5/16/25 MML): Suspect RCM. Mild LVE, mild LAE, trace MR/TR. LA: 1.5, LV: 0.54, 1.4, 0.56, FS: 38%.
-STAT: Not requested.
-Imaging performed by: Andi Parkinson, BS, RDMS.

BREED ECHOCARDIOGRAM FINDINGS

DSH

SEX

MN

AGE

4.25.13

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with regions of borderline hypertrophy. The LV chamber is slightly dilated with mild depressed function. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the LVOT is normal in velocity. The RVOT is mildly elevated in velocity with a dynamic profile. Trace TR. Trace AI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

WEIGHT

12.8lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart VH Cross
Keys

REFERRING VET

Dr. Notangelo

INVOICE

46106

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	5.8	210	0.57	1.9	0.49	34	66
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	1.5	1.5	0.9	0.7	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 stable findings, which is good news. The LA and LV are both mildly dilated with mildly depressed function; however, there is no change comparatively. Trace MR/TR persists; however, no additional issues have developed.

Giving these findings, no medications are indicated.

Prognosis is guarded long term, as there is some risk for complication in the future.

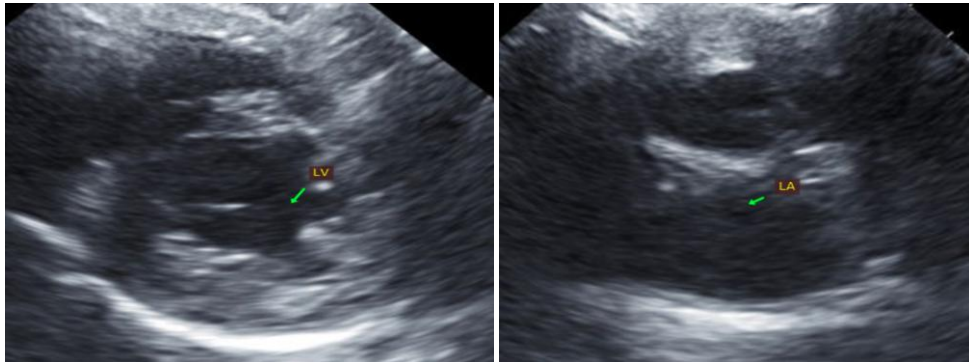
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

A baseline BP and T4 are recommended every 6 months.

Recheck echocardiogram in 6 months to screen 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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