



PATIENT

Am LaRocca

SPECIES

Feline

BREED

Bengal

SEX

Male Intact

AGE

7 months

WEIGHT

8.3lbs

PRESENTING CLINICAL SIGNS

History: Increased respiratory effort. No murmur. Thoracocentesis 140cc hemorrhagic/thick/chunky fluid removed. IH Cytology- sheets of cells that look like lymphocytes and monocytes. No bacteria seen intra or extracellularly. No bacteria seen. Samples saved for cytology and culture Meds: started amp/sub 30mg/kg IV Q8H enro 15mg/kg IV SID

-3 images of the thorax are available for interpretation and compared with that done previously. The amount of pleural effusion is decreased, but a moderate amount remains. This continues to silhouette within the mediastinum, heart and diaphragm. There is atelectasis of the cranial lung fields, likely from the prior pleural effusion. The trachea is normal. The esophagus is not distended. The liver is normal in size and was likely artifactually accentuated due to increased thoracic volume. Assessment: Decreased pleural effusion. The cause remains unknown. Definitive assessment of the mediastinum is difficult due to the remaining silhouette sign from the pleural effusion. There continues to be atelectasis of the cranial lungs, likely from the prior pleural effusion. Ultrasound examination of the thorax may be helpful for further assessment.

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 mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. 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. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No significant pericardial effusion seen. Significant pleural effusion noted. No obvious cardiac tumors.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Veterinary Specialty
Care Blue Pearl Mt
Pleasant

REFERRING VET

Dr. Frasier

INVOICE

29102

DATE

2/20/23

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	3.8	NM	0.35	1.35	0.34	60	92
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	1.0		1.2	1.3	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

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. No obvious congenital issues are documented.

These findings would suggest pleural effusion is non-cardiac in origin. Other possibilities should continue to be evaluated.



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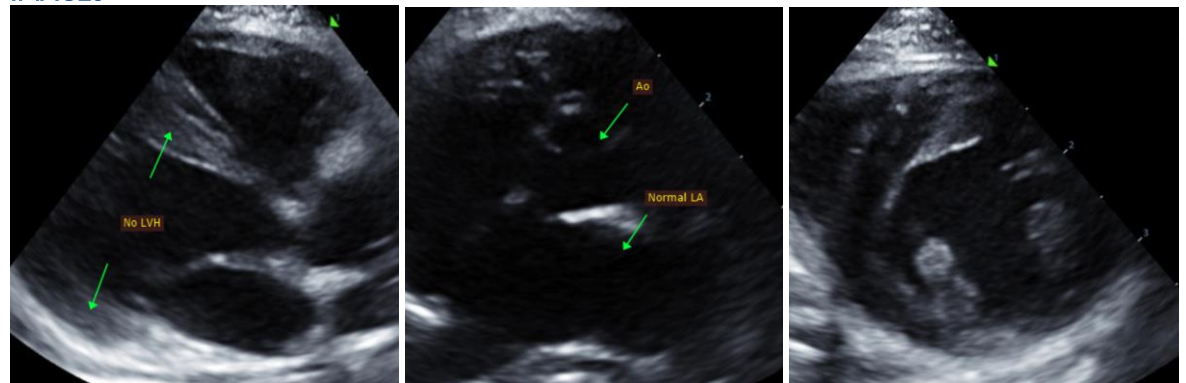
2/20/23

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed), and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

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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