


**PATIENT**

Jace Quinn

**PRESENTING CLINICAL SIGNS**

History: Acute weight loss. Intermittent vomiting. Moderate to profound weakness. No murmur. BP: 180mmHg.

-Abnormal PE/Chem/CBC/UA Results: Monocytosis, elevated SDMA. Anemia, Hct 0.18. HR

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle hypertrophy. The left atrium is mildly dilated and bulbous in appearance. The right atrium is also mildly enlarged subjectively. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR or TR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. Small volume pericardial effusion. No obvious cardiac tumors or pleural effusion is identified.

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

9lbs

**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	4.1	176	0.54	1.5	0.55	55	89
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	1.3	1.5	1.35	1.3	0.95	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.							

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Nelson Animal  
 Hospital

**REFERRING VET**

Dr. Quinn

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Borderline LV hypertrophy is present in addition to mild biatrial enlargement. This may be indicative of early hypertrophic disease, may simply represent a normal variant, or may reflect an unclassified cardiomyopathy. Regardless, what is seen here is mild with mild LA enlargement. There certainly may be risk for progression going forward; however, risk for complication at this time is low. Serial echocardiography will be necessary to determine progression. Given these findings, no medications are indicated.

**INVOICE**

29147

**DATE**

2/21/23

Small volume pericardial effusion is identified and is of unknown origin at this time. Risk for CHF is low and a noncardiogenic origin is suspected. Screening for underlying systemic/neoplastic issues is recommended through full systemic evaluation. Ideally, sampling the effusion would be attempted; however, there is certainly risk in this procedure. Consider a referral to a Multi-Specialty Center if the effusion persists undiagnosed. This is suspected to be related to the current clinical signs.



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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.

**SPECIES**

Feline

**BREED**

DSH

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

**SEX**

Male Neutered

**PLAN**

Monitor BP/T4 every 6 months. Consider full systemic evaluation, referral, sampling, etc.

**AGE**

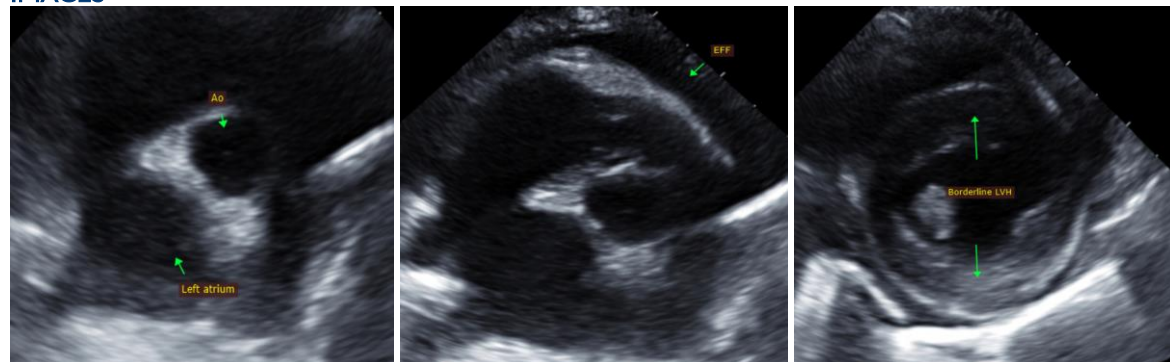
8 years

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression, sooner if clinical issues arise.

**WEIGHT**

9lbs

**IMAGES**



**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**

Kelly Reschny, RVT

**HOSPITAL NAME**

Nelson Animal  
Hospital

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.

**REFERRING VET**

Dr. Quinn

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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