

IMAGING PERFORMED BY

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**PATIENT**

Charlie Mitchell

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3.2.08

WEIGHT

12lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY**Stephanie Pearce,
RDCS, RVT**HOSPITAL NAME**Stevenson Veillage
Veterinary Hospital**REFERRING VET**

Dr. Rathbun

INVOICE

22765

DATE

2.23.22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 left-sided parasternal murmur. Recheck echo for upcoming dental cleaning.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (9/19/18 MML): Normal LVOTO.

-STAT: Not requested

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 and remodeling. The anterior leaflet of the MV appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure; however, significant SAM is appreciated on 2D and color flow imaging. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is significantly elevated with a dynamic profile. There is moderate eccentric mitral regurgitation secondary to abnormal valve motion. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LWVd (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 | 5.4 | 212 | 0.43 | 1.8 | 0.4 | 44 | 78 |
| FELINE CARDIAC PARAMETERS | LA/AO <small>(Boon)</small> | LA/AO HEART BASE (Swe) <small>(Abbott)</small> | LA 2D short axis Base view (cm) <small>(Abbott)</small> | 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 | 1.3 | 1.3 | 4.4 | 1.3 | 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

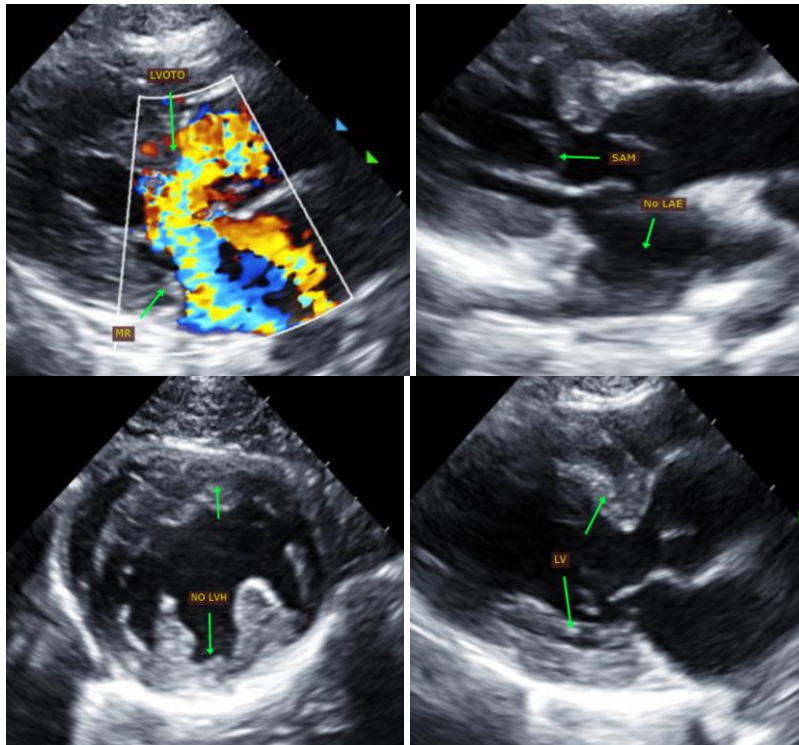
Unusual case. The previously noted LVOTO persists and has increased in velocity compared to the prior study. That being said, the left ventricular wall remains normal, indicating this is likely still a transient issue. The LA is normal, indicating low risk for complication at this time.

Given that there is no evidence of a chronic obstruction, no medications remain indicated. Monitoring of this case going forward is certainly advised as this is quite unusual to see.

Anesthetic risk is currently low. **Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary.** Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 6-12 months, 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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