



## PATIENT

Percy Beesley

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

9 years

## WEIGHT

17.9lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Mark van Campen,  
DVM

## HOSPITAL NAME

Mississippi Mills  
Animal Hospital

## REFERRING VET

Dr. van Campen

## INVOICE

29279

## DATE

2/28/23

## PRESENTING CLINICAL SIGNS

History: Occasional pause in rhythm at time of annual physical (1 skipped beat every 30 to 60 sec). Ran concurrent ECG during scan - no arrhythmias noted. BP: 141mmHg.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Mild papillary muscle hypertrophy. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is normal, laminar flow. Blood flow through the RVOT is normal in velocity. No AI/PI. No obvious cardiac tumors identified. No effusions.

## 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	8.1	NM	0.59	1.67	0.58	52	90
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	1.4	1.3	1.3		1.3	1.0	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. There is mild fibrosis of the left ventricular wall and borderline LV wall dimensions which may be indicative of early hypertrophic disease or may simply represent a normal variant. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression. A screening BP and T4 are recommended every 6 months as possible contributing factors.

No obvious arrhythmias are noted throughout the study; however, an ECG is not submitted. Highly recommend a screening tracing if the abnormality is consistently ausculted.

Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.

No cardiac specific medications are indicated. Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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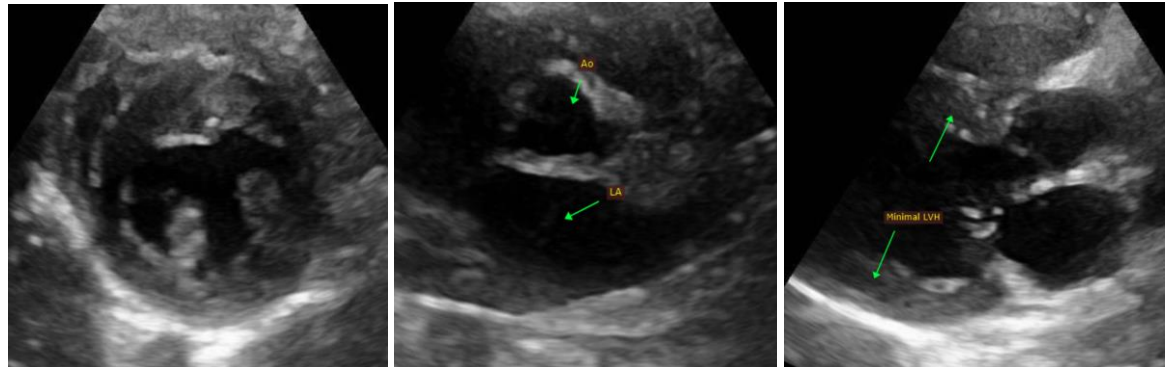
2/28/23

**PLAN**

Baseline BP and T4 are recommended every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of 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.

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com