


PATIENT

Riley McLearie

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Assess prior to dental.
 -Current medications: Atenolol, Gabapentin and Pimobendan.
 -Pertinent previous echo findings (5/2022 MML): Borderline LVH, mild to moderate LAE. IVSd: 0.54, LVWd: 0.56, LA; 1.6, LA/AO: 1.6.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline without significant hypertrophy. The LV is normal in dimension with adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and remodeled. The mitral valve is normal with no MR. The left atrium is mildly dilated. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

BREED

DLH/Maine Coon

SEX

Male Neutered

AGE

14 years

CARDIAC CHART
WEIGHT

26.5lbs

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	12.0	130	0.55	1.5	0.59	62	93
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	1.5		0.9	0.9	NM
<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.							

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Beatties Pet Hospital
 Stoney Creek

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings appear similar. Mild LA enlargement is unchanged, suggesting risk for complication is relatively low. The LV wall thickness remains borderline without significant hypertrophy. No additional issues are identified.

REFERRING VET

Dr. Mellish

Given these findings, continue Pimobendan and Atenolol going forward given the atypical history. No additional medications are warranted.

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The long-term prognosis remains guarded albeit highly variable. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

DATE

2/3/23



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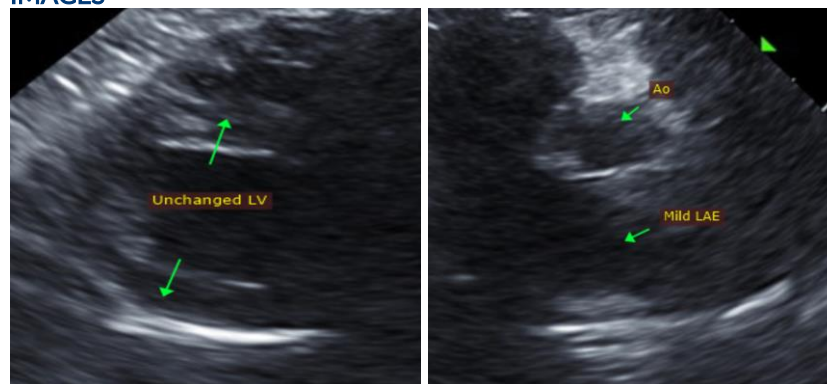
Anesthetic risk is considered mildly elevated, with elevated risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Screening BP and T4 are recommended every 6 months. Continue Pimobendan and Atenolol as prescribed.

A recheck echocardiogram is recommended in 6 months to assess 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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