



DATE PRESENTING CLINICAL SIGNS

2.3.26

PATIENT

Stallion Warble

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

12.19.14

WEIGHT

8.5lbs

History: Presented for making a weird sound at night, not sure if it is a cough. Feral cat without a known history. He is thin with a weight loss of 2lbs since 2018. His small intestines were prominent/thickened. He has such a loud purr, his heart and lungs were unable to be auscultated. Radiographs show cardiomegaly, hepatomegaly and significant aerophagia/gas throughout the SI (from purring?). Elevated BNP. I am suspicious of possible neoplasia of his liver and intestinal tract and potential cardiomyopathy.

Pertinent abnormal PE/Chem/CBC/UA Results: BNP:372.

-CXR: show hepatomegaly, cardiomegaly

-Current medications: Doxycycline 25mg bid

-Sedation used: Torbugesic.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The LV chamber is mildly dilated with increased sphericity. Mild LV wall thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled, mildly hyperechoic papillary muscles. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

CARDIAC CHART

HOSPITAL NAME

Cat Sense Feline
Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46677

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	NM	0.38	1.8	0.37	42	76
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	1.4		1.0	0.8	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

The only abnormalities identified are mild LA and LV dilation. There is no evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. These abnormalities may suggest early unclassified or restrictive disease (particularly in light of BNP elevation); however, monitoring for progression is advised. In a cat without a known history, this may be a lifelong abnormality that may not have progressed. Serial monitoring is advised. No additional pathology is appreciated.

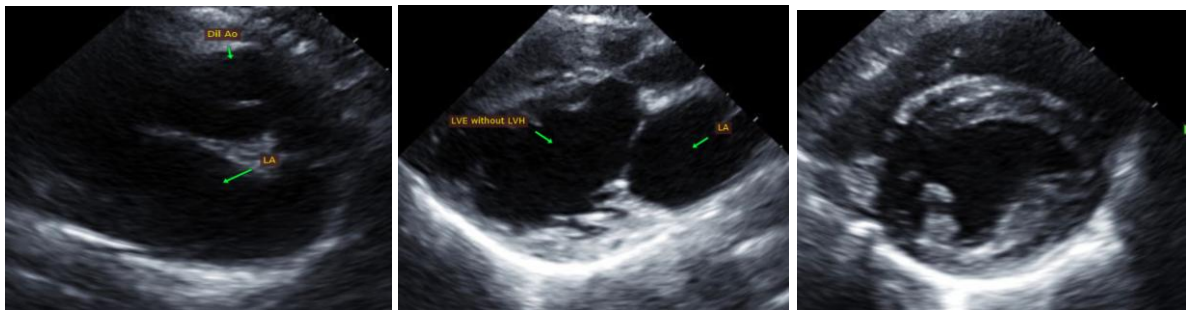
Given these findings, no medications are indicated as risk for complication at this time is low. Prognosis is guarded long-term until progression is assessed.

Anesthetic risk is considered mildly elevated if needed, 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). If needed, complication with steroid use is mildly elevated. Monitoring for signs of intolerance, such as a change in RR/RE.

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

A recheck echocardiogram is recommended in 6-12 months to screen for progressive LA dilation, sooner if any issues arise 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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