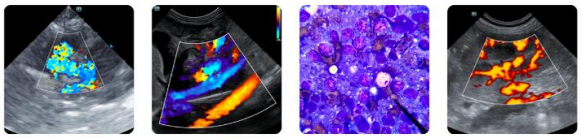


DATE

2.6.26

PATIENT

Dora McSherry

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4.12.08

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46733

PRESENTING CLINICAL SIGNS

History: Presented for increased thirst and urination. She had lost 1# since July. She was too tense to palpate anything in her abdomen. Her bloodwork showed a minor increase in her renal values. Her BG was a little elevated but she did not have any glucosuria. Bloodwork shows a neutrophilia and a monocytosis. She has proteinuria with a UPC of 0.78. Grade 1/6 murmur. This morning (2/6) her breathing seems a little more accentuated/has a little more effort. No obvious CHF on CXR.
-Pertinent abnormal PE/Chem/CBC/UA Results: WBC=22,800, neutrophils=20,018, monocytes=1,072, BG=223, BUN=43, creat=2.2, UPC=0.78
-Current medications: Prednisolone 5mg EOD except she hasn't gotten it for the past 2-3 weeks (owner forgot). Famciclovir 125mg BID and chlorpheniramine 2mg BID, Chlorpheniramine 2mg BID.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with borderline dimensions overall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No significant MR or TR. No AI or PI. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	NM	0.58	1.0	0.58	43	74
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	1.1	1.1		1.1	0.6	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 abnormality identified is the LV thickness is borderline increased. This may be indicative of early hypertrophic disease or may simply represent a normal variant. Pseudohypertrophy can also have this appearance, depending on degree of volume changes. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. A BP and T4 are recommended. No additional issues are identified.

With a normal LA dimension, no medications are indicated.

Prognosis is open prior to assessing for progression.

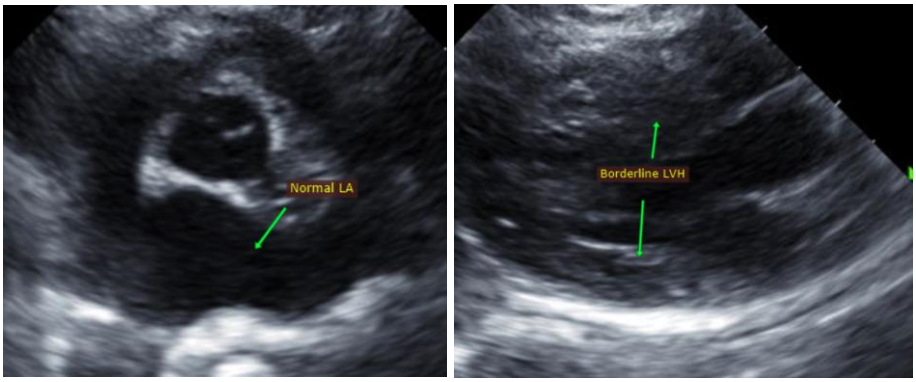
Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Risk for steroid use typically follows atrial dilation, which in this case is low. That being said, any cat can experience acute intolerance. Monitoring of RR/RE is advised, particularly in the initiation phase.

PLAN

Baseline BP and T4 are recommended as discussed.

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
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info@sonopath.com