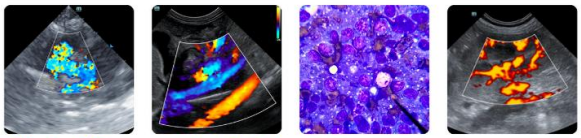


DATE

2.6.26

PATIENT

Mike Stettes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7.1.14

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46735

PRESENTING CLINICAL SIGNS

History: Presented for some very stertorous breathing (owner described as he sounds like he is breathing under water) with no nasal discharge that had started about 3 days prior. On PE he had stertorous breathing that was so loud the heart was unable to be heard. CXR showed increased bronchial markings in his thorax and cardiomegaly. Hepatomegaly and a possibly thickened stomach wall were also noted.
-Pertinent abnormal PE/Chem/CBC/UA Results: Globulin=6.8, Alb: glob=0.3
-Current medications: None currently.
-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 normal in dimension with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Borderline LV dilation with borderline LV dysfunction. The left atrium is normal. 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 the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious

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	4.1	NM	0.45	1.7	0.44	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	1.3	1.2		1.2	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

Mild structural abnormalities are identified, including borderline LV dilation with borderline systolic dysfunction, which likely accounts for the radiographic appearance. No evidence of significant

hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. The LA is normal, suggesting low risk for complication. These abnormalities may be consistent with early restrictive disease (RCM); however, a normal variant is possible. Monitoring for progression is advised. No additional issues are seen.

Even with mild changes seen here, this does not explain a reported cough or stertorous breathing. Further workup should be dictated by the results of the CXR report.

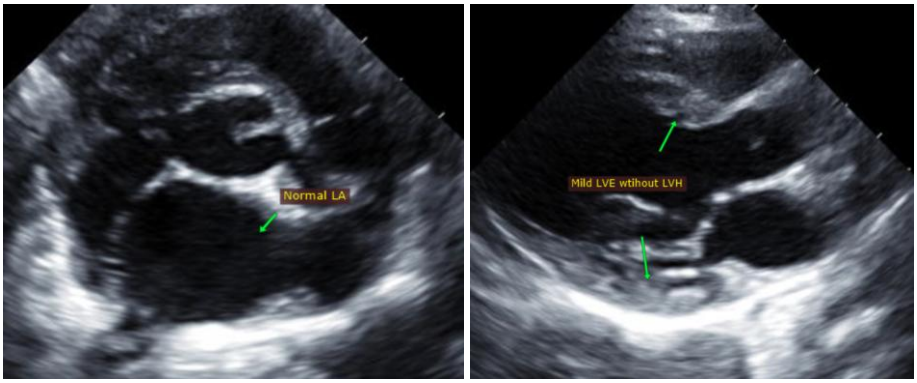
No cardiac medications are clearly indicated. Any development of LA enlargement will certainly warrant Pimobendan going forward. Prognosis is guarded prior to assessing for progression.

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

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

A recheck echocardiogram is recommended in 6-12 months to screen for progressive chamber dilation, sooner if any clinical 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.

Maggie Machen Lamy, DVM
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