



PATIENT

Lokum Buruncuk

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Englewood Vet
Center

REFERRING VET

Dr. Ezik

INVOICE

22446

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Right axis deviation, mild to moderate cardiomegaly on chest x-rays.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of thinning and fibrosis webbing across the apex. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled papillary muscles. Mild LV dilation with adequate myocardial function. The left atrium is normal. The right atrium is normal. The right ventricle appears normal. 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. No PI or AI. No effusions or obvious cardiac tumors identified.

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	4.4	130	0.36	1.8	0.37	44	80
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	1.2	1.1	1.0		0.8	0.7	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.

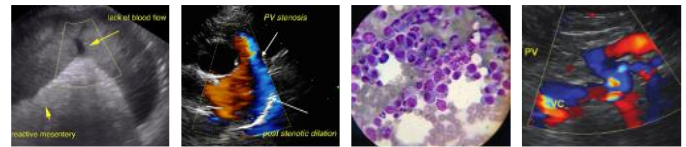
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is significant remodeling and fibrosis of the left ventricular wall and mild LV dilation. This is likely indicative of early cardiac disease (such as UCM/RCM). No matter the categorical diagnosis, both atria appear normal indicating low risk for complication at this time. Serial echocardiography will be necessary to determine progression.

Given these findings, no medications are indicated.

Anesthetic risk is considered mild. Judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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



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Prognosis is guarded long-term, given highly variable rates of progression with sub-clinical feline cardiomyopathy.

SPECIES

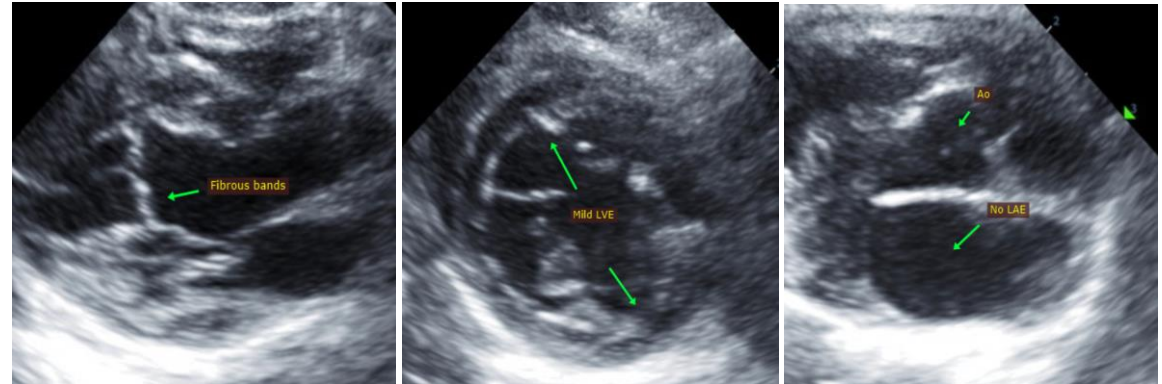
Feline

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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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.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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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