



PATIENT

Violet Cutler

SPECIES

Feline

BREED

Sphynx

SEX

Female Spayed

AGE

1 year

WEIGHT

10.55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Yocum

INVOICE

28879

DATE

2/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur.

-Pertinent previous echo findings (5/2022 MML): (4 months old) No LVH, mild LVE, mild biatrial enlargement, trace MR and TR. LA: 1.1, LA/AO: 1.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. LV chamber is normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles appear normal. The endocardium also appears normal. The left atrium is mild to moderately dilated. The right atrium is mild to moderately dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Trace TR. Normal velocity. Blood flow through both the LVOT and RVOT 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)	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	4.8	194	0.52	1.33	0.50	58	90
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	1.65	1.6	1.4		0.6	1.0	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

Compared to the prior study, there is unfortunately evidence of progression. While LV remains unremarkable, both the atria appear mildly progressively dilated. There remains no obvious cause for this and referral should still be considered. Trace MR and TR are unchanged and no additional issues are identified.

Given progression seen here, consider institution of Pimobendan and Plavix at this time. This patient will clear have risk for development of clinical signs going forward and close monitoring is advised.

Prognosis is guarded at this time.

Anesthetic risk is considered moderate, 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction,

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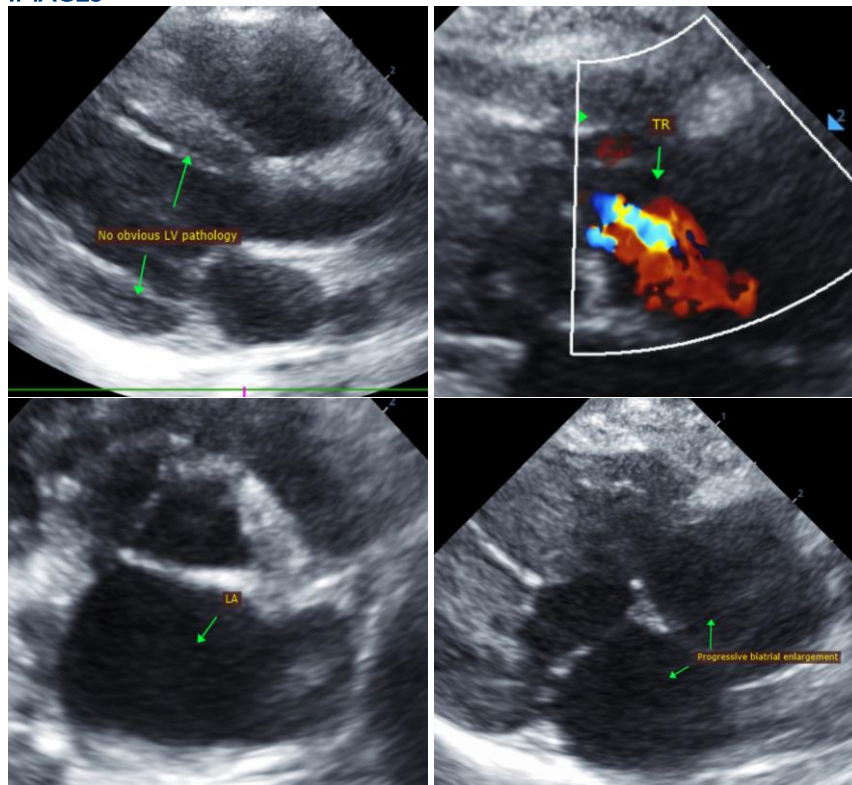
Kim Liedberg

isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

PLAN

Consider referral in this case. Institute Pimobendan 0.3mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

Recommend recheck echocardiogram at 6 months, sooner if any clinical signs arise.

IMAGES**HOSPITAL NAME**

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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.

Thank you for this referral. 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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