



PATIENT

Freddy Serio

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12.1.08

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Essex Middle River
Veterinary Center

REFERRING VET

Dr. Beizayi

INVOICE

29560

DATE

3.13.23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Pertinent abnormal PE/Chem/CBC/UA Results: Hyperthyroid dx recently- now controlled with Methimazole. ProBNP 192 on most recent bloodwork (had been elevated previously as well).

-Current medications: Methimazole 2.5mg BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (8/2021 MML): LV remodeling/fibrosis, RVOTO/LVOTO, BNP elevation.

-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. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. Regions of irregularity. The papillary muscles are normal in size and hyperechoic. 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. Trace TR. Blood flow through the LVOT and RVOT are both 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.7	NM	0.42	1.7	0.38	52	86
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		1.3	1.2	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

Compared to the prior study, findings are similar. The LV wall thickness remains normal with overall remodeling and fibrosis. Previously noted increased velocity through both great vessels is not apparent, suggesting the previous assumption of an intermittent flow abnormality. The LA is normal and no additional issues are identified.

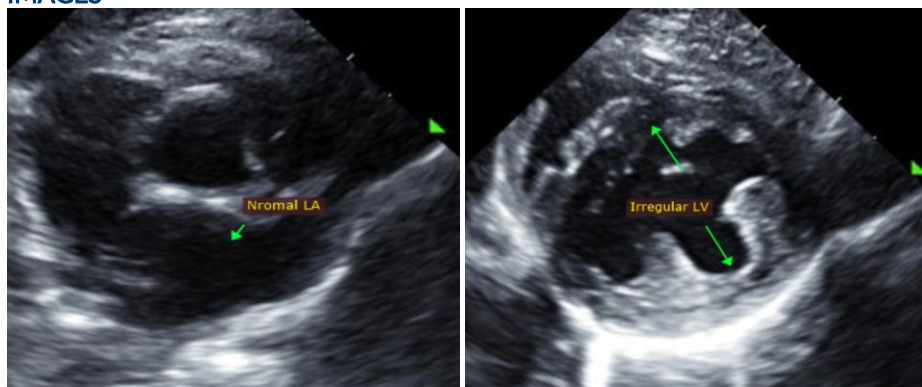
Given these findings, no medications are indicated.

Prognosis is open with no progression seen here. Monitoring for any associated clinical signs is recommended lifelong.

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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