



DATE PRESENTING CLINICAL SIGNS

3.13.26

PATIENT

Pirate Warble

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2.14.15

WEIGHT

7.85lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McMichael

INVOICE

47232

History: Cerebellar hypoplasia. PROGRESSIVE anemia. 2/20 HCT: 25% (nonregenerative). 3/13- Hct:20.3% nonregenerative. Dental disease- moderate. Globulins: (2/20/26- 8.7, 3/13/26: 7.3). Albumin: (2/20/26: 2.2, 3/13: 2.4). Pet got gabapentin 150mg this morning. Presented for dental w/ extractions. Pet laterally recumbent, hypothermic- mild. Started IVF support (10ml/hr), heating/bear hugger. BP 153/xx mmHg.
-Pertinent abnormal PE/Chem/CBC/UA Results: Hct: 20.3%, Glob: 7.3, Alb: 2.4.
-Current medications: Dex SP and Convenia given at rDVM 3/10 for ear infection.
-Sedation used: Gabapentin.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are largely normal with a minimal increased focal septal dimension. There is a mildly hyperechoic endocardium consistent with fibrosis and remodeling. Mild papillary muscle remodeling. 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. Blood flow through the RVOT is laminar and normal in velocity. Mild intermittent LVOT obstruction. Trace mitral regurgitation. No evidence of cardiac tumors or effusions in this scan.

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	3.6	190	0.60	1.2	0.49	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	1.4	1.3	1.3		1.9	1.1	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 septum is slightly increased in dimension with an LVOT obstruction. Given that the patient is reportedly anemic, these findings may also be transient, as can

be seen with volume depletion. No murmur is mentioned in the history; however, this may cause an auscultable abnormality. The remainder of the study is largely normal with no LA enlargement seen.

Given these findings, no medications are indicated at this time as there is little risk for complication. Prognosis is open.

Anesthetic risk is low if needed, however this patient is at elevated risk for IV fluid overload given the diastolic dysfunction and remodeling; judicious fluid rates are advised. Avoid heart rate stimulating drugs such as glycopyrrolate or atropine. No other specific restrictions are necessary.

This cat does have some risk for fluid intolerance. Monitoring of breathing rates is advised. Consider baseline CXR for comparison if needed.

PLAN

Screening BP/T4 every 6 months recommended. Consider baseline CXR, given that the patient is on fluid therapy.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any associated clinical signs arise.

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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