



PATIENT

Oscar Woodbury

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Assess prior to anesthesia. Hyperthyroid, currently medicated.
-Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14), ProBNP 344.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are borderline in dimension There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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 both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

13 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.7	200	0.55	1.3	0.57	70	96
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	1.38	1.3	1.2		1.4	1.2	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.*

IMAGING PERFORMED BY

Dr. Karen Ebersole

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Borderline LV hypertrophy is present, which may be indicative of early hypertrophic disease, may be secondary to hyperthyroid disease, or may simply represent a normal variant. Hypertension should be ruled out in this hyperthyroid cat. Serial echocardiography will be necessary to determine progression. The LA remains normal which would indicate clinical stability. Additionally, no definitive cause is identified for the murmur in this study, making it most likely benign and secondary to tachycardia/stress

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

With a normal LA dimension, no medications are indicated.

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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.

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

Oscar Woodbury

SPECIES

PLAN

Baseline BP is recommended. Ensure hyperthyroid disease is controlled lifelong. A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

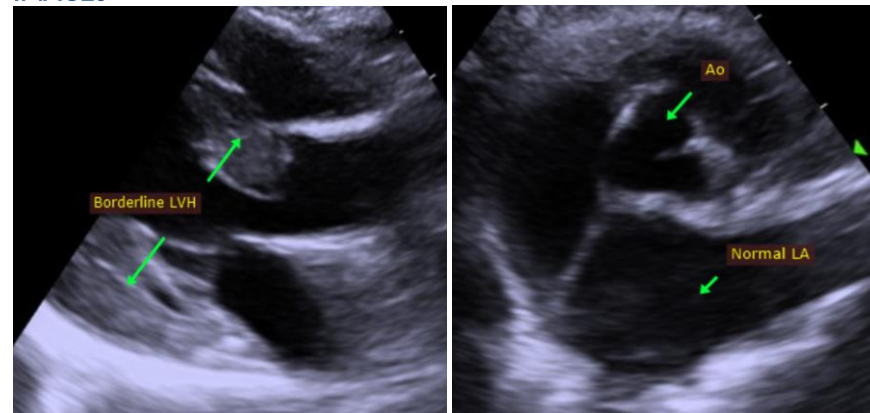
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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, DACVIM
(Cardiology)

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