



PATIENT

Bela Damewood

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

11.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Van Noy

INVOICE

23110

DATE

3/15/22

PRESENTING CLINICAL SIGNS

History: Increased RR and effort. Some wheezing. Minimal improvement on Prednisolone. Started Lasix trial. Unexplained weight loss.

-Radiograph report: Mild generalized cardiomegaly, lower airway disease also present.

- Abnormal PE/Chem/CBC/UA Results: ALT 177, T4 - 3.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of fibrosis and remodeling. LV chamber is normal in dimension with adequate function. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. Trace MR. The right atrium is normal. The right ventricle is normal. Normal pulmonic outflow velocity. No TR. 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)	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	5.1	180	0.46	1.6	0.47	51	85
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	1.4	1.47		0.9	1.1	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

Early unclassified cardiomyopathy is suspected. This diagnosis is based upon mild atrial dilation and a lack of significant LV pathology. Trace mitral regurgitation is noted which is hemodynamically insignificant and unlikely to be heard on exam. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time; however, there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Fortunately, with only mild atrial dilation the risk for complication is low, however there is high risk for progression going forward. No additional issues are identified.

Given only mild atrial dilation, it is unlikely the respiratory signs are related to these findings. It is also worth noting that atrial enlargement can develop simply due to steroid use and depending on the timeline, may be the case here. All that being said, in a geriatric cat if the response to Lasix was dramatic and positive, it is reasonable to continue the medication going forward. This is considered unlikely however, and further historical information is needed. Baseline blood pressure is recommended.

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Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

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Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

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PLAN

Unless the respiratory signs dramatically improved with Lasix therapy, no indication for this medication. Baseline BP is recommended in any senior cat.

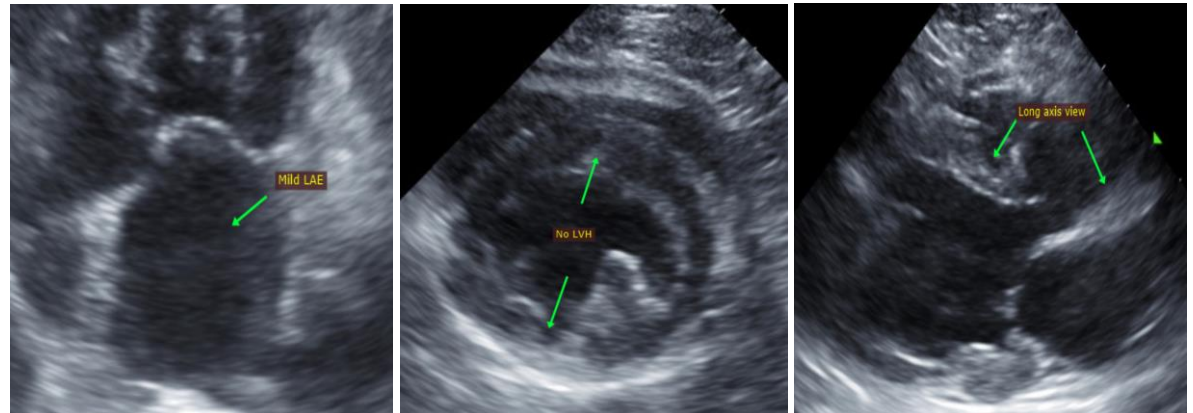
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Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

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IMAGES**INTERPRETED BY**

Maggie Machen Lamy,
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IMAGING PERFORMED BY

Sarah Pender, CVT

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.

HOSPITAL NAME

SVS Imaging QC

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.

REFERRING VET

Dr. Van Noy

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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