
PATIENT

Beau Ross

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

11.5lbs; 5.2kgs

PRESENTING CLINICAL SIGNS

History: Murmur with VPCs seen on ECG. Presented for Hematochezia. Patient is an indoor/outdoor cat. On collection of cystocentesis, a possible luminal bladder mass was noted. Patient was diagnosed with cardiac murmur last year which has not been worked up. Working diagnosis Hematochezia, possible cystic mass, cardiac murmur, ventricular arrhythmia ECG- Heart Rate: 172 bpm Rhythm: Sinus with VPCs-

Abnormal PE/Chem/CBC/UA Results: Cysto UA collection shows possible luminal bladder mass but will await UA to determine if there is any inflammation or squamous cells seen. No bladder wall thickening and can not see where it is attached to. Could be incidental finding. Patient has no urinary symptoms. Platelets clumped, but adequate: 1+ protein noted, but no evidence of inflammation or infection noted; all other values WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled, irregular and hyperechoic. The left atrium is mildly enlarged in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR or TR is noted. Blood flow through both the LVOT and RVOT is normal in velocity. No AI. No obvious cause for the murmur is identified. The MPA is normal in dimension. Hyperechoic lesions are noted through the level of the bifurcation (rule out artifact versus heart worm). No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Brighton Greens
 Veterinary Hospital

REFERRING VET

Dr. Janeway

INVOICE

29624

DATE

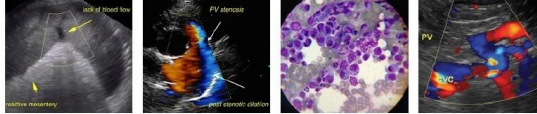
3/15/23

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		160	0.54	1.5	0.54	7196	
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	1.5	1.4	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified. The LV wall thickness is borderline, which may suggest early hypertrophic disease or may simply be a normal variant. Pseudohypertrophy can also have this appearance if the patient is volume depleted. There is also mild remodeling and fibrosis of the LV, which should also be monitored going forward. Additionally, the LA is mildly enlarged, which may suggest underlying cardiomyopathy. Finally, hyperechoic lesions are noted in the distal PA, similar to the appearance of adult heartworms. This is an inconsistent finding and may simply be artifactual. If not recently assessed, heartworm antigen and antibody status is recommended. No additional issues are identified.



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Mild abnormalities may or may not explain VPCs on the ECG. The patient also has systemic illness which may also be the cause. Follow up and treatment should be dictated by the ECG report.

SPECIES

Feline

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

BREED

DSH

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

SEX

Male Neutered

No cardiac medications are clearly indicated.

AGE

13 years

PLAN

Baseline BP and T4. Consider volume status in this case. Feline heartworm screening panel is recommended.

WEIGHT

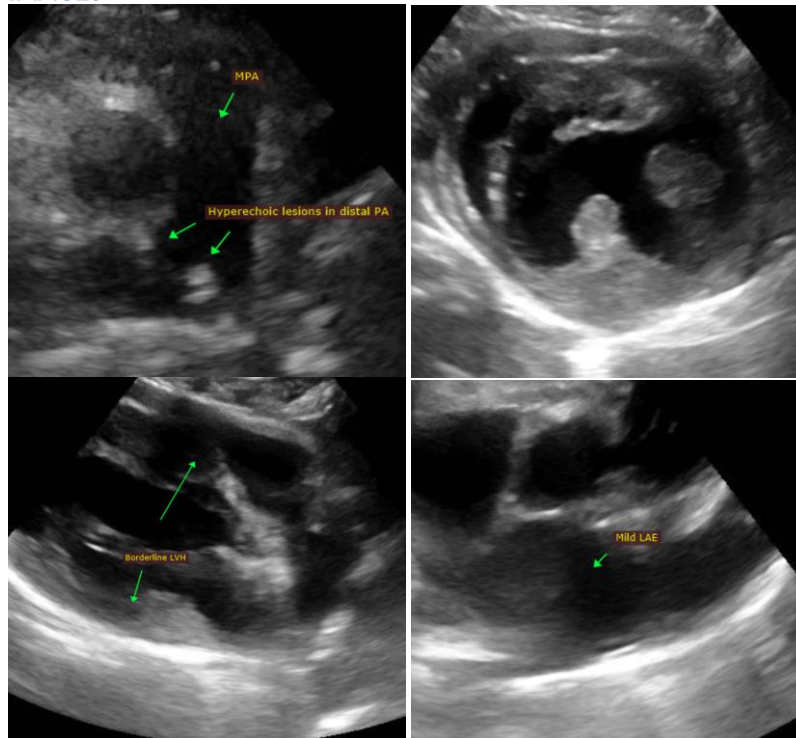
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A recheck echocardiogram is recommended in 6-12 months to screen for progressive dilation and reassess murmur origin.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

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Veterinary Hospital

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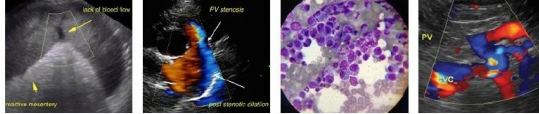
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Feline

Maggie Machen Lamy, DVM

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