

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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PATIENT

Emma Wychgram

SPECIES

Feline

BREED

DSH

SEX

1.1.12

AGE

6.5lbs

WEIGHT

6.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Fullerton Animal
Hospital

REFERRING VET

Dr. Unger

INVOICE

23168

DATE

3.17.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Newly diagnosed renal failure.

-Pertinent abnormal PE/Chem/CBC/UA Results: BUN 53 (14-36), Creat 3.0 (0.6-2.4), Phos 5.8 (2.4-8.2), Amylase 1384 (100-1200), PSL 41 (8-26), Neuts elevated- suspect excitement response.

-Current medications: None.

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

-Pertinent previous ultrasound results (6/16/21 MML): Irregular LV, LA normal: 1.0cm, mild TR, mild AI.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular in dimension with regions of thinning (see below) and diffuse fibrosis. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and irregular. The endocardium also appears remodeled. The left atrium is normal. The mitral valve is normal in structure and mobility. trace MR. The right atrium is normal. The right ventricle is normal. Mild TR. Blood flow through the LVOT is normal. Blood flow through the RVOT is normal. The aortic root appears dilated. Mild AI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.9	NM	0.44	1.2	0.46	37	72
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.1	1.0	0.7	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

Essentially stable structural disease is identified in this study. The LV is highly irregular; however, the systolic function appears adequate, and the LA remains normal. Of great concern, the aortic leak persists, and the aortic root does appear dilated. In light of recent renal failure diagnosis this may reflect systemic hypertension. **A baseline blood pressure is strongly recommended with monitoring going forward.**

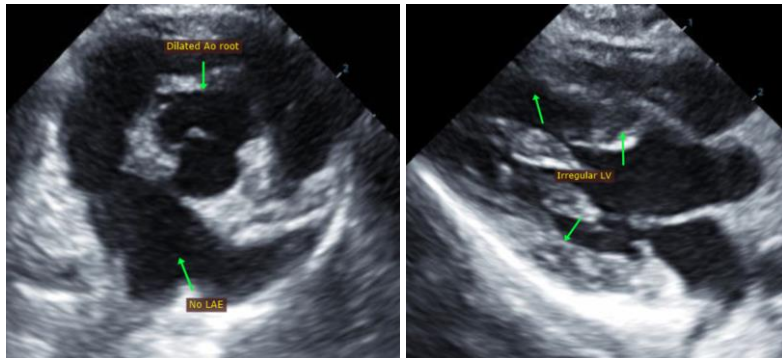
Given a normal left atrium, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

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.

Even with a normal left atrium this patient does carry risk for fluid overload if needed for CKD. Highly recommend close monitoring of RR/RE, particularly during the initiation phase with any volume adjustments.

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if 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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