



PATIENT

Maggie Weese

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8.21.10

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

23205

DATE

3.21.22

PRESENTING CLINICAL SIGNS

History: Recent hyperthyroidism dx over past 6 months, has developed murmur and gallop ~ 2 months ago – consistent even with thyroid under control.

-Pertinent abnormal PE/Chem/CBC/UA Results: 12/14/21 T4 3.3, chem also normal.

-Current medications: Methimazole 2.5mg BID. Just started Amlodipine 2.5mg ¼ QD for hypertension. O to give Gabapentin prior to appt 100mg.

-Blood pressure: 168/126, 165/123, 159/122 and 157/120mmHg.

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

-Pertinent previous ultrasound results: Previous abdominal scan only 1/7/2020.

-STAT: Not requested. ECG declined.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a focal septal bulge. The remainder of the LV wall measures normal. The myocardial function is mildly depressed. 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. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. Mild aortic and trace pulmonic insufficiency. 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)	LWVd (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	3.18	NM	0.45	1.4	0.45	30	52
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	1.1	1.1		0.9	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 primary abnormality identified is focal LV hypertrophy, in addition to mild LV dysfunction. This may be indicative of early structural disease or may simply represent a normal variant. The history of systemic hypertension and hyperthyroidism may or may not be related to this finding and follow up is advised once the blood pressure is well controlled. Certainly, there is no evidence of severe chronic pressure overload of the left heart which is a good sign. The LA is normal indicating low risk at this time. Finally, a small aortic leak is noted which is likely due to systemic hypertension as well. No cause of the murmur is identified, making it likely physiologic in origin.

Continued treatment/evaluation of systemic hypertension is recommended, including screening for underlying causes. Consultation with an Internal Medicine Specialist may be useful if difficult to control.

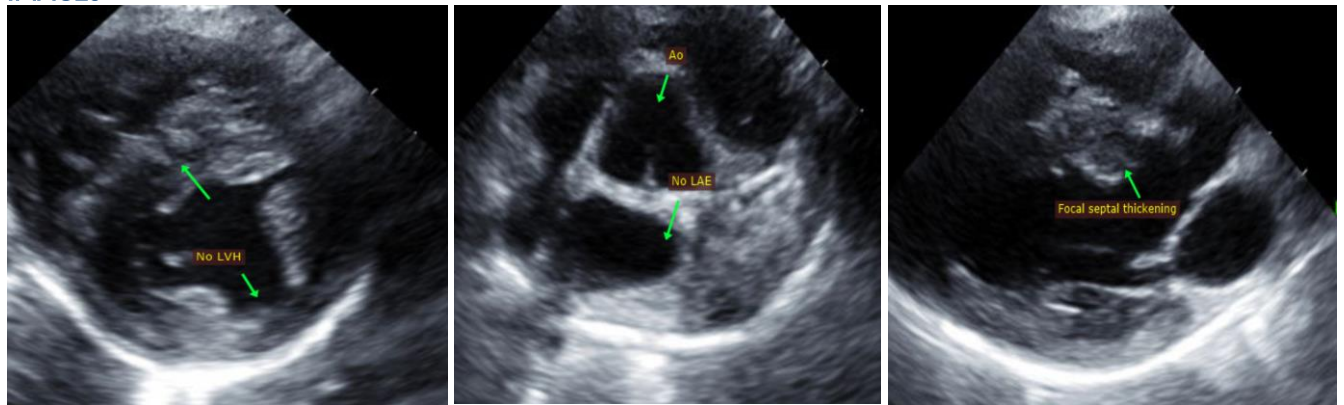
Given a normal LA dimension, no medications are indicated.

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

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

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression and reassess LV function, 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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