IMAGING PERFORMED BY

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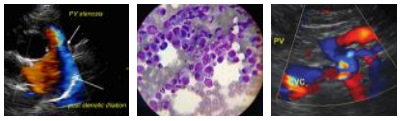

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Cali Baer

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
9.22.06

WEIGHT
4.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Parkville AH

REFERRING VET
Dr. Merry

INVOICE
29809

DATE
3.23.23

PRESENTING CLINICAL SIGNS

History: Owner presented for 6 month wellness exam. Noted weight loss. 3/2/23: ~3cm, firm, bilobed or multilobed and moveable. located mid abdomen intra-abdominally in region of left kidney. Murmur 2/6 L parasternal systolic.
-Pertinent abnormal PE/Chem/CBC/UA Results: 3/2/23: Early CKD (IRIS stage 2). BNP elevated. T4 is borderline elevated, but no other signs of hyperthyroidism
-Current medications: None.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal albeit highly irregular. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Significant remodeling. The papillary muscles are hyperechoic. 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 MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity; however, a dynamic RVOTO is suspected on color flow imaging. The aortic root is prominent. No effusions. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.1	NM	0.44	1.3	0.41	41	76
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	1.2	1.1		0.8	1.4	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

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal, although the morphology is highly irregular and remodeled. Follow up is recommended. The LA is normal, indicating low risk for complication. The murmur is suspected to be physiologic in origin due to a dynamic RVOT obstruction. Finally, the aortic root is prominent, and a baseline BP is strongly recommended. No additional issues are identified.

Given these findings and a normal LA dimension, no medications are indicated.

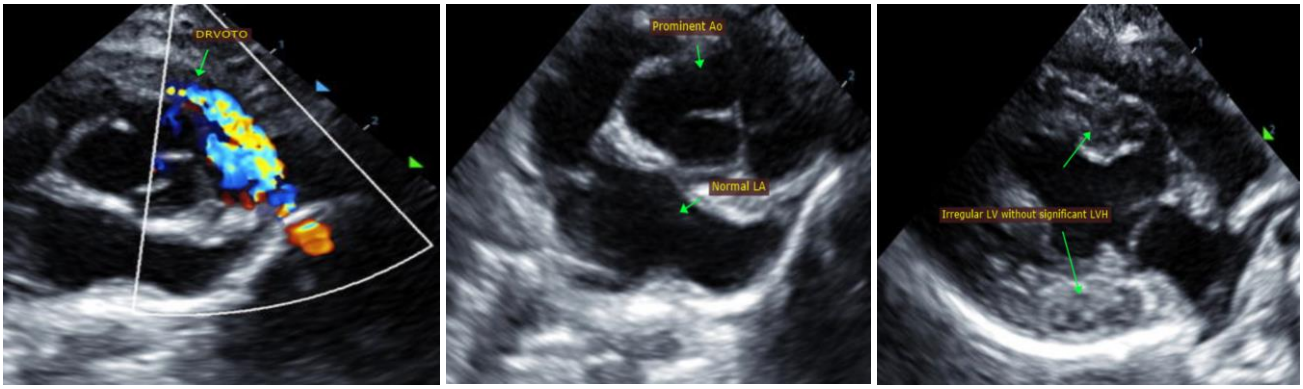
No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including **decreased renal clearance,** hypertension, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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.

Maggie Machen Lamy, DVM
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