



PATIENT

Faith Ruiz

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

5.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Salem

REFERRING VET

Dr. Mitchell

INVOICE

23390

DATE

3/31/22

PRESENTING CLINICAL SIGNS

History: Grade 1-2/6 left parasternal heart murmur. Inappropriate urination, vomiting and diarrhea. Chronic kidney disease. Nephroliths splenomegaly.
 -Abnormal PE/Chem/CBC/UA Results (1/6/22): Cardiopet ProBNP 146 pmol/L (0-100) USG 1.030 SDMA 19 (0-14) ug/dL Creatinine 2.3 mg/dL BUN 31 mg/dL.
 -Sedation: Gabapentin, midazolam, and torb.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.
 A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 210bpm (range 200-230bpm). Low voltage complexes. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are hyperechoic and slightly enlarged. 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. No effusions. 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>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	2.2	215	0.57	1.42	0.56	48	83
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.4	1.2	1.1		1.1	1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The left ventricular wall thickness is borderline which may reflect early hypertrophic disease or may simply be a normal variant. Follow up is advised to determine significance. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in



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this study, making it likely physiologic in origin. Given these findings and a normal LA dimension, no medications are indicated.

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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).

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DSH

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

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PLAN

Baseline BP and T4 are recommended.

Recommend recheck echocardiogram in 6-12 months to screen for progressive issues and development of disease the pre-existing murmur may mask.

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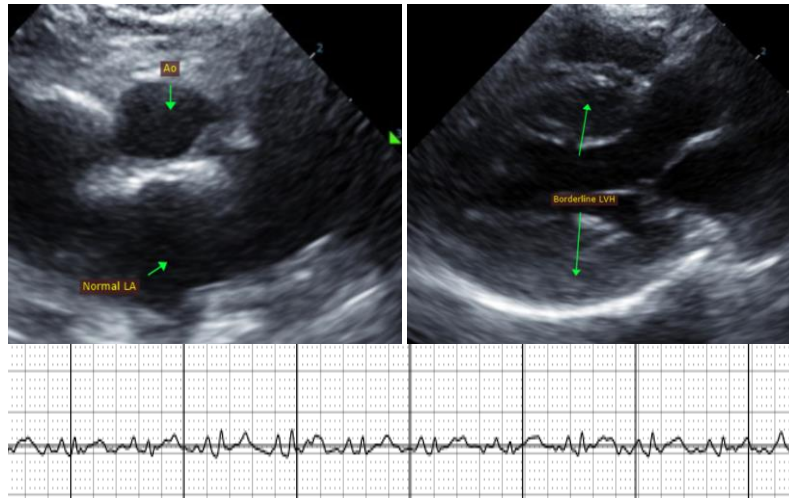
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IMAGES



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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.

REFERRING VET

Dr. Mitchell

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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