


**PATIENT**

 Charlie Noto  
 Campenella

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

6 years

**WEIGHT**

9.3lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 The Cat Clinic  
 Hamilton

**REFERRING VET**

Dr. Throwe

**INVOICE**

29969

**DATE**

3/31/23

**PRESENTING CLINICAL SIGNS**

History: Episodes of mildly increased respiratory effort while sleeping and at rest and sometimes while purring. No murmur heard. BP 135mmHg. Assess prior to anesthesia. -Current medications Doxycycline 50mgPO q24h, Gabapentin 25-50mg every 12 hours -Abnormal PE/Chem/CBC/UA Results: BW-WNL, ProBNP normal HR 150, RR 40.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT is normal. No evidence of cardiac tumors on this scan.

**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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.2	140	0.41	1.3	0.40	45	80
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	1.0	1.2	1.2	0.8	0.6	NM	
<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.							

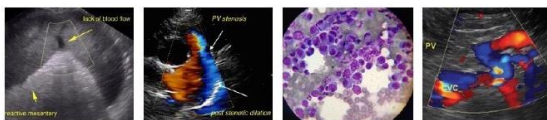
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac dimension and function are identified. No significant valve leaks are appreciated and the LV wall thickness is normal. No significant pathology is seen.

Given these findings, respiratory changes are certainly noncardiac in origin. Baseline CXR are recommended to screen for underlying pulmonary disease.

No medications are indicated at this time.

If needed, the risk for general anesthesia is low. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.



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Recommend recheck echocardiogram in 1 year, sooner if any clinical signs arise.

### IMAGES

#### SPECIES

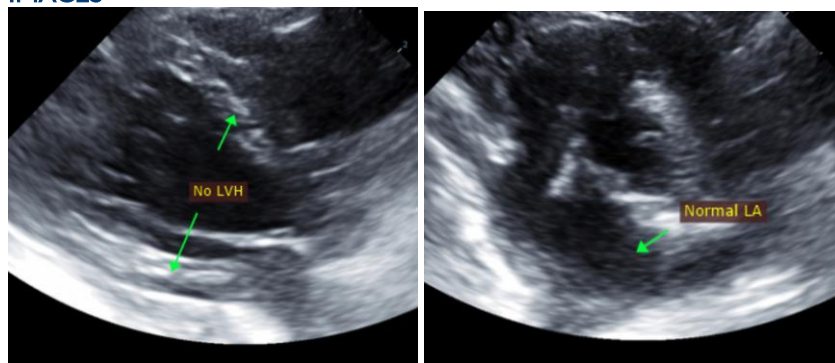
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

#### WEIGHT

9.3lbs

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.

#### INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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