



PATIENT

Lexie Bovie

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

18 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

29966

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History moderately depressed LV function. Presently, Lexie is doing well at home. On Pimobendan 1.25mg q12h.

-Pertinent previous echo findings (10/21/22 MML): LA 1.2 cm, LA:Ao 1.4, LV 1.5 cm, IVS 0.37 cm, PW 0.38 cm, borderline LVE, borderline LV dysfunction. Rest WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline increased with moderately depressed myocardial function. The LV wall thicknesses are normal to slightly decreased globally. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles appear normal.

Left atrium: The left atrium is not significantly dilated. No obvious smoke or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 250bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 0.9 |
| LA diam (cm) | 1.2 |
| LA:Ao (Swe) | 1.3 |
| IVS thickness (cm) | 0.38 |
| LVID diastole (cm) | 1.58 |
| PW thickness (cm) | 0.38 |
| LVID systole (cm) | 1.1 |
| FS (%) | 34 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.72 |
| AoV Vmax (m/s) | 0.8 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The LV dysfunction is unchanged without LV or LA enlargement. No additional issues have developed.

Given these findings, continue Pimobendan as prescribed. Prognosis remains guarded; however, stability is certainly a good sign.

Patient may be at risk for progression to CHF and development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.



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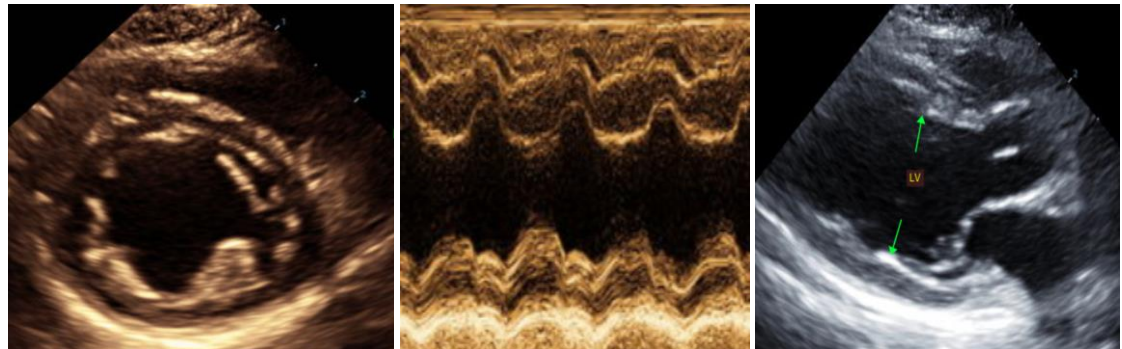
RECOMMENDATIONS

- Continue Pimobendan 1.25mg PO q12h.
- Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recheck echocardiogram in 6-12 months, sooner if clinical signs arise in the interim.

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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 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)