



**PATIENT**

Red Lucci

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2.18.06

**WEIGHT**

9.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Everhart Veterinary  
Hospital WellPet

**REFERRING VET**

Dr. Rubinstein

**INVOICE**

30148

**DATE**

4.10.23

**PRESENTING CLINICAL SIGNS**

History: Patient has lost 1 lb. in 1 month. Has started to not eat well. History of CKD and diarrhea and has been on chronic medications for this. Also has a soft heart murmur. Assess prior to steroid use.

-Pertinent abnormal PE/Chem/CBC/UA Results: Current blood work pending. Last blood work performed 11/1/22; BUN 60, Creat 4.3, PCV 35 rest WNL.

-Current medications: Provable Forte cat/small dog SID, Cerenia 16mg tab ½ tab EOD, Metronidazole tiny tab 50mg- 100mg EOD, Amlodipine 5mg tab ¼ mg every third day, LRS (1000ml bag)- 200ml SQF EOD.

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled, irregular and hyperechoic. The left atrium is mildly enlarged 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 is noted. No TR is noted. Blood flow through both the LVOT and RVOT is normal in velocity. Mild AI. No obvious cause for the murmur is identified. No pleural or pericardial effusion seen. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	140	0.48	1.63	0.46	48	90
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 (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	1.4	1.5		0.8	0.91	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 with normal LV wall measurements. There is significant remodeling and fibrosis of the left ventricular wall however, and this may be indicative of early cardiac disease or may simply represent a normal variant. What is most concerning is the LA measures mildly enlarged, which may be indicative of early restrictive or unclassified disease. Finally, mild AI is noted, and a baseline BP is recommended. Regardless, serial echocardiography will be necessary to determine progression and clinical relevance.

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

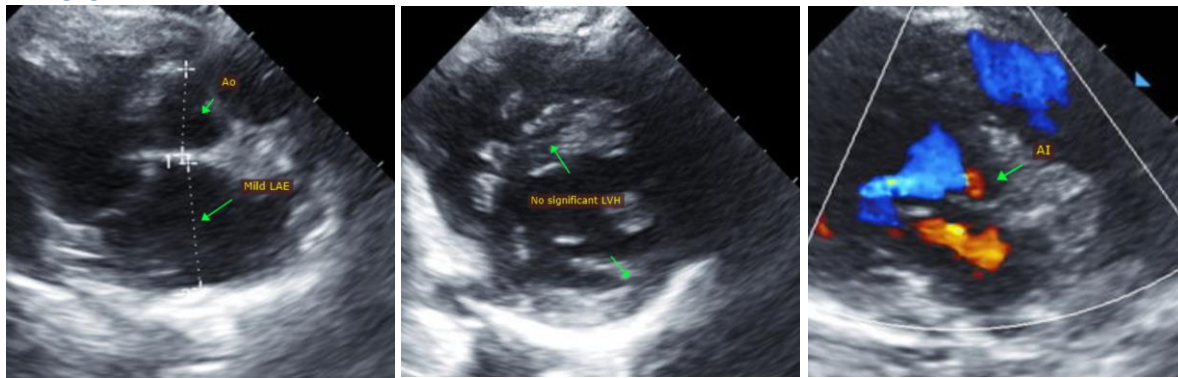
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

**Risk for complication for steroid use typically follows LA enlargement, which in this case is mildly elevated. If this is indicated for systemic wellness, close monitoring for intolerance is recommended such as a change in RR/RE.**

No cardiac medications are clearly indicated.

A recheck echocardiogram is recommended in 6-12 months to screen for progressive dilation and reassess murmur origin.

## **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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