



PATIENT

Spartacus Fuller

PRESENTING CLINICAL SIGNS

History: High pitched heart sounds. No murmur heard.
-Abnormal PE/Chem/CBC/UA Results: Normal ProBNP.

SPECIES

Feline

BREED

Sphinx

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild fibrosis. There is a mildly hyperechoic endocardium. False tendon. The papillary muscles appear normal. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

SEX

Male Intact

AGE

5 months

WEIGHT

5lbs

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	2.3	200	0.35	1.5	0.35	46	81
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	1.6	1.5	1.2		1.4	1.0	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
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.*

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is mild left atrial enlargement. There is exuberant fibrotic tissue within in the LV and these findings together may reflect early restrictive cardiomyopathy. A normal variant is also possible and follow up for any progressive changes is strongly recommended. No additional issues are identified, and no congenital shunts are visualized.

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Sarah Pender, CVT

Given these findings, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

INVOICE

23552

DATE

4/11/22

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Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise.

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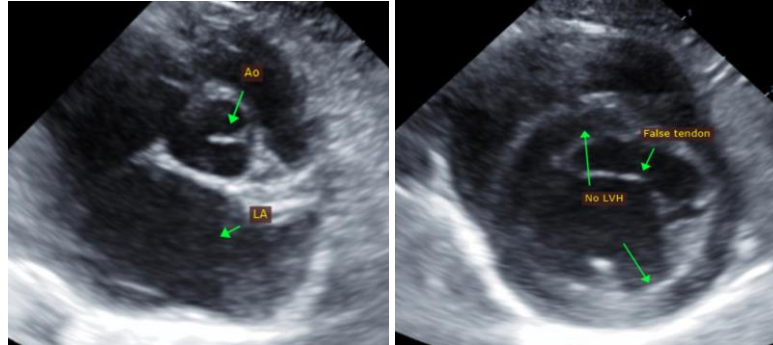
WEIGHT

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DVM, DACVIM
(Cardiology)

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. 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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