



PATIENT

Thumbelina Montano

SPECIES

Feline

BREED

Himalayan

SEX

Female Spayed

AGE

10 years

WEIGHT

5.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Gardner

INVOICE

23561

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Cardiomegaly by CXR. On Prednisolone for asthma. Assess prior to dental.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to slightly decreased in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears mildly remodeled. The left atrium is normal in size. The right atrium is mildly dilated in size. The right ventricle appears prominent as well. The mitral valve is normal in structure and mobility. No MR or TR. Normal flow through both the RVOT and LVOT. No obvious AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	2.4	NM	0.41	1.3	0.39	62	90
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	NM	1.4	1.16		0.94	0.7	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal geriatric cardiac structure and function. The LV wall thickness is normal to slightly decreased and there is no evidence of elevated left atrial pressure. The right heart is prominent with mild RA dilation, which may be indicative of early disease or may simple be a normal variant. Monitoring is advised. No additional issues are identified.

Given these findings, no medications are indicated. Monitor for signs of progressive heart disease, including respiratory changes or signs of a blood clot event.

No cardiac contraindication general anesthesia at this time. Mild IV fluid restriction is advised. No obvious need to discontinue prednisone based upon these findings.

Recommend recheck echocardiogram in 1 year to assess for development of disease or progression in right heart changes, sooner if a murmur/gallop or clinical signs develop in the interim.



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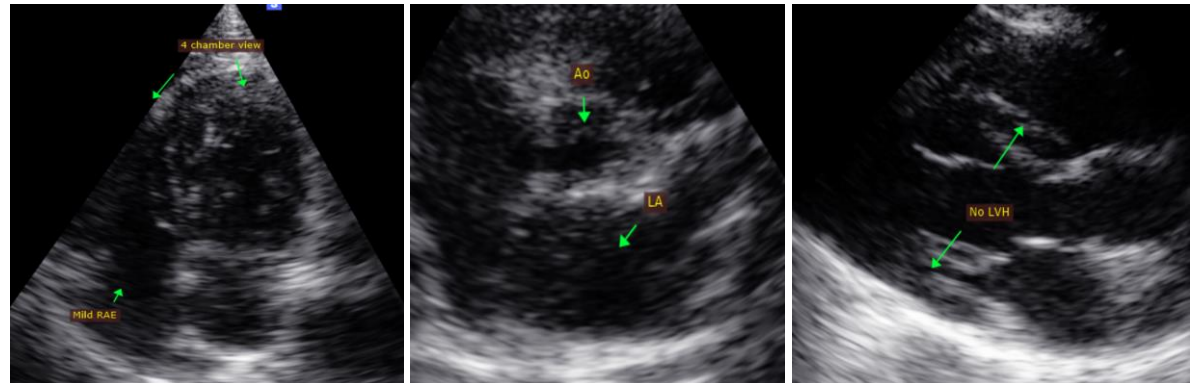
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IMAGES



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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