



PATIENT

Felix Lakind

PRESENTING CLINICAL SIGNS

History: Grade III/VI murmur w/arrhythmia, sleeping respl rate ~32/minute.
-Current medications: Furosemide 12.5mg 1/2 bid, Tapazole 2.5mg bid

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall appears mildly remodeled with a focal septal thickening. The free wall measures normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the LVOT is normal in velocity with turbulence seen on color flow imaging (not captured on spectral doppler). The RVOT velocity is elevated with a dynamic profile. No AI, Trace TR. No additional valve regurgitation is seen. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

AGE

13.10 years

CARDIAC CHART

WEIGHT

10.95lbs

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	5.0	220	0.65	1.2	0.48	56	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	1.0	1.1		1.0	2.0	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)

IMAGING PERFORMED BY

Shari Reffim CVT

HOSPITAL NAME

American Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild focal LV hypertrophy is present, which may be indicative of early cardiac disease or may simply represent a normal variant. A screening BP and T4 are highly recommended. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, the murmur is benign in origin due to a dynamic RVOT obstruction. This commonly occurs secondary to volume or heart rate changes.

REFERRING VET

Dr. Stockmal

With a normal LA dimension, no medications are indicated. **Lasix can and should be safely discontinued.**

INVOICE

30180

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

DATE

4/11/23



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

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A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

BREED

DSH

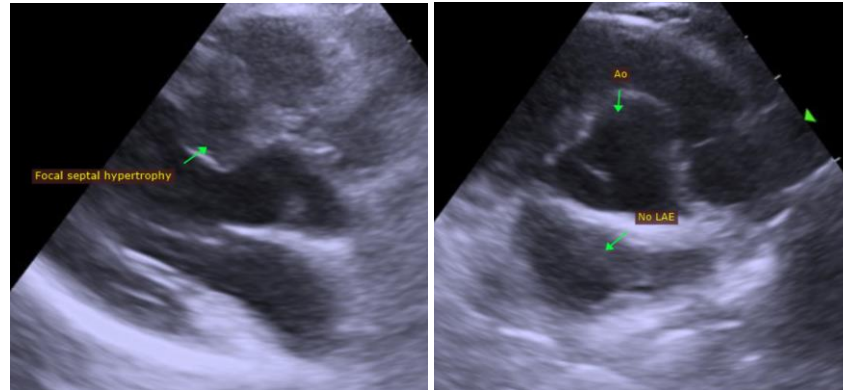
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IMAGES



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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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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