



PATIENT

Isis Kruger-Remus

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17 years

WEIGHT

5.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero, DVM

HOSPITAL NAME

FC Veterinary
Emergency Hospital

REFERRING VET

Dr. Romero

INVOICE

23615

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Acute onset of respiratory distress. History of a murmur that has recently gotten louder, feline lower airway disease treated with prednisolone 1.25mg EOD and chronic renal disease. Over the last few weeks, she has not been eating well. After an abdominal ultrasound showing pancreatitis and chronic renal changes with hyperechoic peri-renal fat, she was started on maropitant, mirtazapine and a hydrolyzed renal diet. Grade II/VI systolic heart murmur along sternal border, blood pressure 180 systolic, dilated pupils' mild renal azotemia, isosthenuria AFAST - mild pleural effusion around the heart Initial emergency treatment - blow by oxygen, furosemide 3mg/kg IV x 2 doses, then another 2 mg/kg . One dose of dexamethasone NaP 0.1 mg/kg. Respiratory rate has improved. Planning to send home on furosemide 10mg BID and have owner transition to inhalant Flovent.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The LV internal dimension is decreased, likely due to Lasix therapy. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.5	NM	0.45	1.0	0.51	52	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	1.3	1.1	1.0		1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. The LV is small in dimension likely due to Lasix therapy. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated.



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These findings would suggest pleural effusion/respiratory signs were certainly noncardiac in origin. Lasix can and should be discontinued.

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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

BREED

DSH

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

SEX

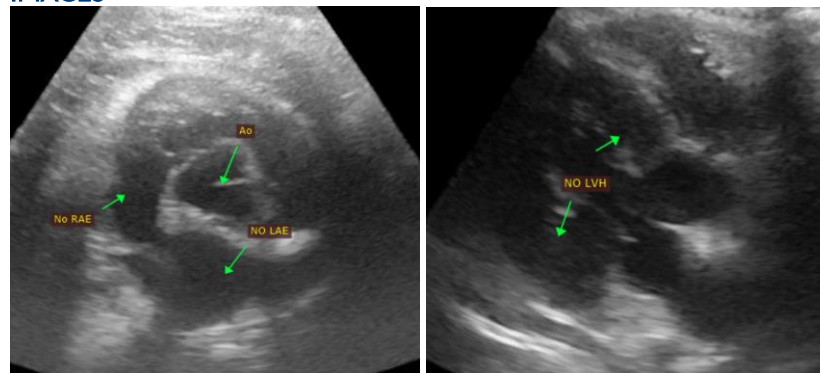
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Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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IMAGES



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(Cardiology)

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.

IMAGING PERFORMED BY

Kelly Romero, DVM

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.

HOSPITAL NAME

FC Veterinary
Emergency Hospital

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