



PATIENT

Miss Barnabas Oliver

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5.1.11

WEIGHT

7.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

23605

DATE

4.12.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of heart murmur and hyperthyroid disease.

-Current medications: Felimazole 2.5mg BID. Will give Gabapentin on arrival day of scan.

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

-Pertinent previous ultrasound results (7/2020 MML): Minimal LVH, no LAE, trace TR, trace AI. IVSd: 0.5, LVWd: 0.6, LA: 1.1

-STAT: Not requested

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is increased in dimension with a borderline septal dimension and moderate free wall thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. Moderate symmetric papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild to moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Trace AI. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.5	NM	0.55	1.4	0.71	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	NM	1.5	1.45		1.2	1.4	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

Unfortunately, there is evidence of progression in both LV dimensions as well as LA enlargement. The free wall is significantly increased comparatively with significant papillary muscle hypertrophy. Dilation of the left atrium (normal on the previous study) is concerning for complications going forward. Monitoring of BP and T4 status is recommended lifelong, as either can worsen structural findings. Tachycardia is noted throughout the exam and a baseline ECG may be beneficial.

Although mild LA dilation indicates the risk for spontaneous CHF or a blood clot event remain low, I do worry for progressive disease in this case. Initiating an ACE-I as below is recommended, both as a vasodilator and for anti-fibrotic benefits. No additional medications are yet indicated (no SAM documented, lack of significant LA dilation).

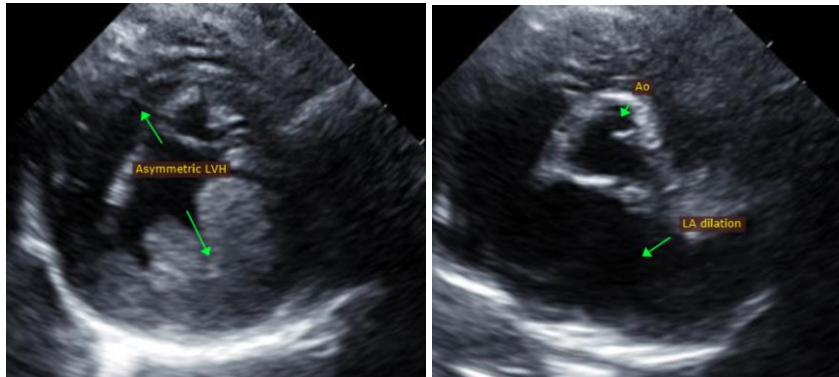
Continue to monitor for associated clinical signs as previously discussed. Prognosis is guarded going forward.

PLAN

Baseline BP is recommended. If >130mmHg, institute ACE-I (Benazepril or Enalapril) 2.5mg PO q12h.

A recheck echocardiograms is recommended in 6 months to reassess for progression and need for additional medications.

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.

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