


PATIENT

Pele Weinberger

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

15.4lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Beattie Pet Hospital
 Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

30195

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: Presented for vomiting, inappetence and recumbency.

-Abnormal PE/Chem/CBC/UA Results: Abnormal GLU 10.41HIGH 3.95-8.84mmol/L SDMA 16HIGH 0-14µg/dL CREA 190 71-212µmol/L UREA 8.2 5.7-12.9mmol/L BUN/CREA 10 PHOS 1.06 1.00-2.42mmol/L CA 3.36HIGH 1.95-2.83mmol/L TP 76 57-89g/L ALB 34 23-39g/L GLOB 42 28-51g/L ALB/GLOB 0.8 ALT 126 12-130U/L ALKP 40 14-111U/L GGT 0 0-4U/L TBIL <>< 0-15µmol/L CHOL 4.39 1.68-5.81mmol/L AMYL 1368 500-1500U/L LIPA 1491HIGH 100-1400U/L Na 162 150-165mmol/L K 4.1 3.5-5.8mmol/L Na/K 40 Cl 119 112-129mmol/L Osm Calc 328 mmol/kg TT4 57 10-60nmol/L Collec Cystocentesis Color Straw Clar Slightly Cloudy SG 1.012 pH 8 PRO neg GLU neg KET neg UBG norm BIL neg BLD 250 Ery/µL.

-Radiograph report: Equivocal cardiomegaly. No CHF

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild 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. Mild MR. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.0	180	0.64	1.69	0.58	55	88
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	1.4	1.4	1.4	0.8	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease is mild, with only mild LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified.



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Even with mild abnormalities seen here these findings are unrelated to the current clinical signs. This may limit fluid therapy and close monitoring for signs of intolerance is recommended (increased RR/RE). Further systemic evaluation is certainly advised.

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No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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PLAN

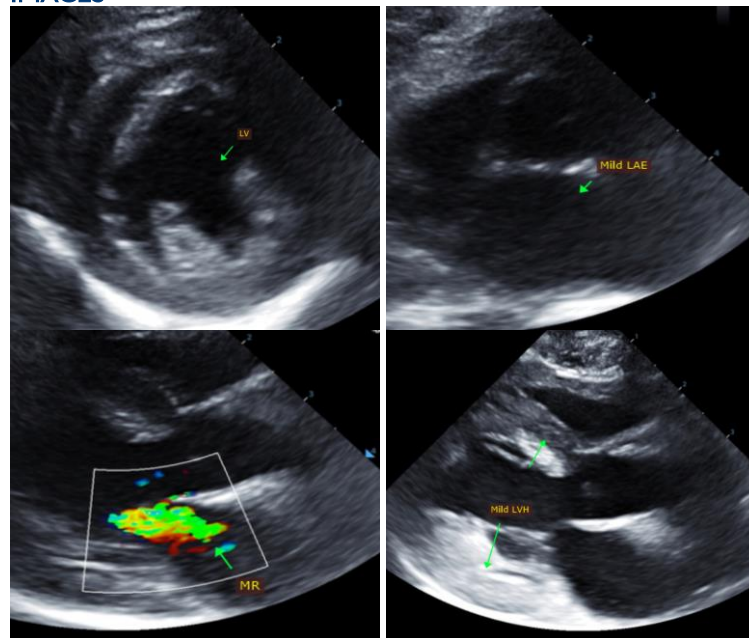
A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

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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.

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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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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