

**PATIENT**

Cal Kollin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

3.6.13

**WEIGHT**

6.5lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**HOSPITAL NAME**Stevenson Village  
Veterinary Hospital**REFERRING VET**

Dr. Vinson

**INVOICE**

23640

**DATE**

4.13.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: none.

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

-Pertinent previous ultrasound results (3/17/21 MML): No LVH or LAE, mild to moderate MR, LVOTO: 3.5m/s.

-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 largely normal in dimension. A borderline focal septal thickening is noted. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. Mild eccentric MR. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is borderline elevated with a dynamic profile. No cardiac tumors are seen. No pleural or pericardial effusion.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.9	NM	0.58	1.0	0.40	70	97
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	NM	1.2	1.0		1.7	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

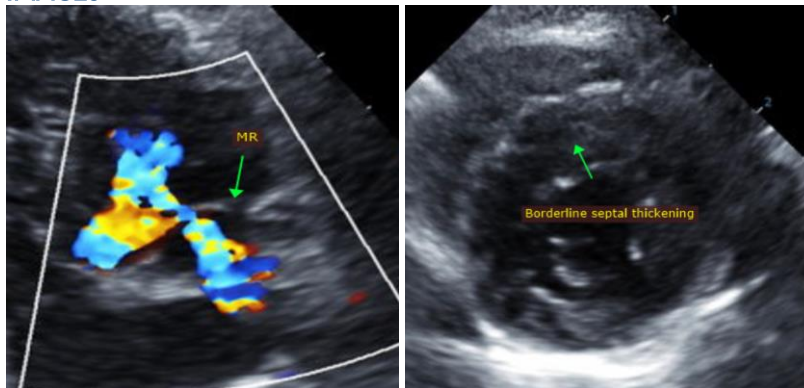
Essentially normal cardiac structure and function persists. Compared to the prior study, the LVOTO is actually less apparent; however, this may be simply heart rate related. A borderline focal septal thickening is identified, which was not previously documented. Follow up is advised to screen for progression. No additional issues are identified, and the LA remains normal.

In patients with persistent LVOT obstruction and development of hypertrophy, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a normal left atrium and no LVH, no medications are clearly indicated.

Anesthetic risk and/or steroid risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

### 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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