



PATIENT

Cootie Poole-Kessler

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

12.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

PRESENTING CLINICAL SIGNS

History: New heart murmur noted at annual exam. PE: Grade 2/6 systolic
-Abnormal PE/Chem/CBC/UA Results: all WNL, ProBNP: 348.
-Sedation: Gabapentin PO.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. Mild papillary muscle hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. 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 laminar and normal in velocity. Blood flow through the RVOT is mildly elevated in velocity with a dynamic profile. The MPA appears mildly dilated. Trace pulmonic insufficiency. No mitral regurgitation seen. No TR. No evidence of cardiac tumors or effusions in this scan.

CARDIAC CHART

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	5.6	208	0.73	1.2	0.64	45	80
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	1.2	1.1		1.5	1.94	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>							

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McMullin

INVOICE

23622

DATE

4/13/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is a heart rate dependent flow obstruction through the right ventricular outflow tract, which is a physiologic finding (i.e., benign and of no clinical significance) and may cause a murmur depending on heart rate. It is worth noting that the MPA is mildly dilated, which is of unknown significance. There is also moderate hypertrophy present with remodeling and fibrosis of the left ventricular wall. True early hypertrophic disease (HCM) is a rule out diagnosis, once a patient is deemed euthyroid and normotensive. In this euthyroid patient a baseline blood pressure is recommended. Serial echocardiography will be necessary to determine progression. Prognosis is guarded due to the highly variable rates of progression of subclinical feline cardiomyopathy.

From a clinical standpoint, the left atrial dimension is normal indicating the disease is currently stable. Given these findings, no medications are indicated at this time. Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). This patient



PATIENT

Cootie Poole-Kessler

may be intolerant of fluid and/or steroid therapy, should this be necessary in the future. Monitor RR/RE closely at home in this instance.

SPECIES

Feline

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

BREED

DSH

PLAN

Screening blood pressure and T4 are recommended every 6 months.

SEX

Female Spayed

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any associated clinical signs arise.

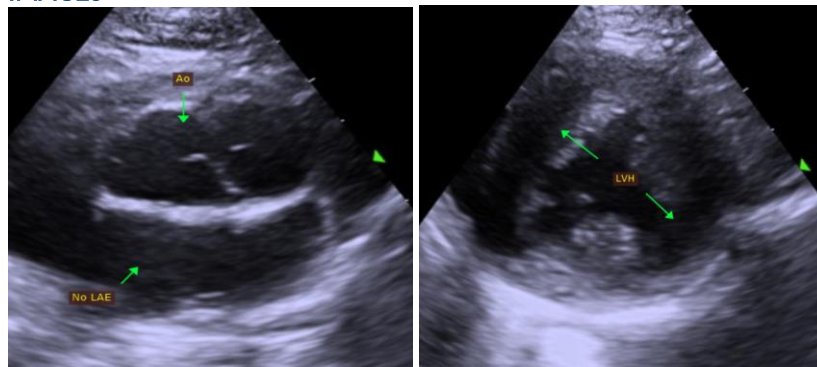
AGE

15 years

IMAGES

WEIGHT

12.4lbs



INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (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

Dr. Karen Ebersole

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

Scanvet

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

REFERRING VET

Dr. McMullin

INVOICE

23622

DATE

4/13/22