



PATIENT

Rumbles Berry

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3.21.10

WEIGHT

7.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Docside Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

23673

DATE

4.14.22

PRESENTING CLINICAL SIGNS

History: Cat was found by owner 5-6 weeks ago. Presented 03/18/22 coughing and dec app. Gr 4/4 dental dz in remaining teeth. Auscultation WNL: no murmur ausculted, Scheduled dental. On 03/31/22 Treated w/ Convenia for sore on the right side of the neck- sneezing and nasal d/c resolved. O called on 04/08/22- Cat stopped eating. Dispensed Onsior and Mirtazapine. Appetite returned owner only got 1 dose of Onsior in cat. Cat was seen pawing at left side of face. Dental moved up to 04/12/22. Today 4/12/22 HR: 176 Grade II-III/VI rate dependent systolic murmur, loudest over pulmonic valve was ausculted. Murmur decreased to I/VI when HR < 160. Lungs ausculted WNL but cat very nervous and breathing shallowly. Dental postponed and echo scheduled.

Radiographs: Thoracic rads showed diffuse peribronchial cuffing- consistent w/ asthma.

-Pertinent abnormal PE/Chem/CBC/UA Results: CBC - Unremarkable. Chem - globulin 5.5 (2.3-5.3) T4 - 1.5, UA - USG 1.042, pH 6.5, protein 1+. Mild globulin elevation consistent with inflammation in gums/teeth. CBC/CHM repeated in house 04/12/22- CBC WNL, CHM- Hyperproteinemia (T. Prot 9.4) and hyperglobulinemia (6.4) seen, Also showed very mild elevation of Amylase, rest of CHM WNL, HW Ag/Ab sent out

-Current medications: 03/31/22- Convenia inj SQ 0.4 cc (31.3 mg). 4/08/22- Onsior 6mg 1 PO SID.

Given 04/08/22 and 04/09/22, then owner stopped- could not get cat to take it. 04/08/22

mirtazapine 7.5 mg 1/4 PO EOD. 04/12/22- Clavamox 62.5 mg 1 PO BID, Mirtazapine cont. Will start Prednisolone 5 mg 1/2 PO BID- may increase to 5 mg 1 PO BID

-Blood pressure: 140, 140 and 140mmHg.

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Stephanie Pearce RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF. Suspicious for lower airway disease; Radiologist review recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. 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. Trivial TR. Blood flow through both the LVOT and RVOT are normal in velocity. Trace aortic insufficiency. No effusions. No obvious cardiac tumors.

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	3.4	NM	0.4	1.4	0.4	47	82
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	1.0	1.0	1.0	1.0	NM	

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. Trace aortic insufficiency is noted; however, the reported blood pressure is normal. No other 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.

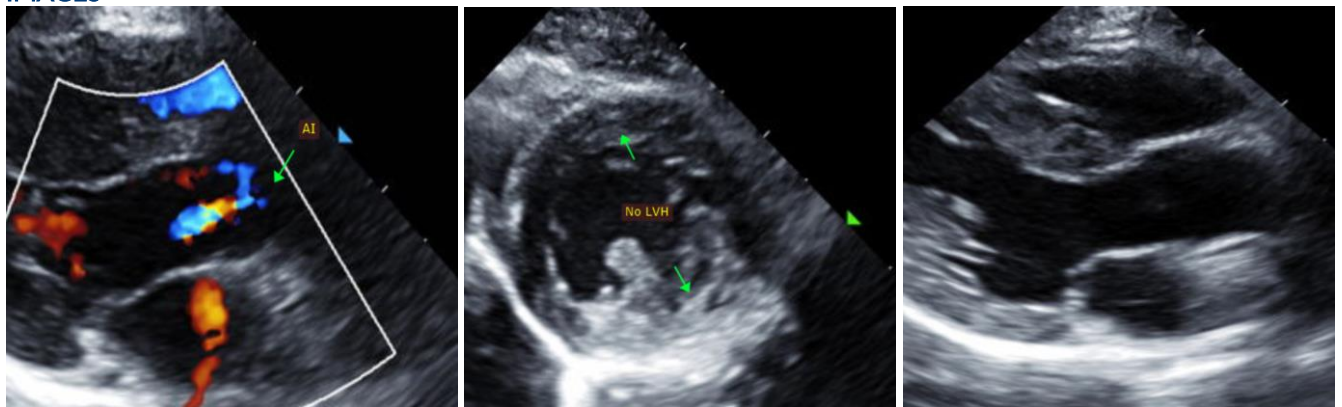
These findings would certainly suggest the cough/respiratory signs are noncardiac in origin, consider a Radiologist review of the films, anti-inflammatory Prednisone, fluticasone inhaler, a course of Azithromycin, etc. as dictated by the clinical signs.

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).**

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

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

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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