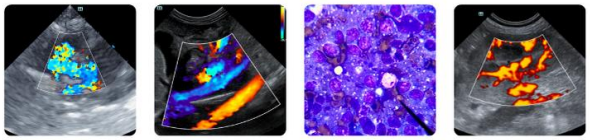

PATIENT

D'Jango Lee

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Sorice

INVOICE

47597

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Upper and lower airway symptoms. Coughing. Assess prior to steroid use.
- CXR showed mild cardiomegaly. No CHF. Dilated aorta. Lower airway disease confirmed.

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

Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric, with mild septal hypertrophy contrasting a normal free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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 both the LVOT and RVOT is normal in velocity. The aortic root is normal. A dilated ascending segment is suspected. Trace AI. No pleural or pericardial effusion seen. 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	4.5	NM	0.60	1.0	0.47	60	93
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	1.0	1.0	1.1		1.3	1.5	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

The only abnormality appreciated is a focal septal thickening with mild LV remodeling and fibrosis. These findings may be indicative of early hypertrophic pathology or may simply represent a normal variant. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. The ascending aorta does appear dilated with a small insufficiency. A baseline BP is strongly recommended.

Given these findings, no medications are indicated at this time. The cough is certainly noncardiac in origin and primary respiratory causes should be considered.

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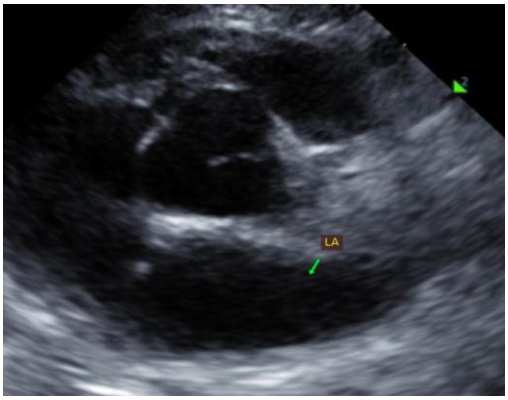
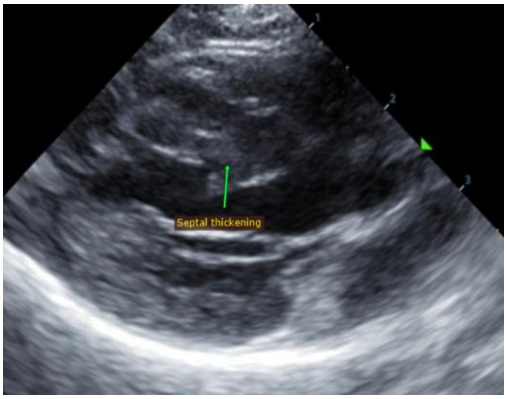
If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally, again a screening blood pressure is recommended in any older cat prior to general anesthesia.

Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to screen for any progressive issues.

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.

Maggie Machen Lamy, DVM
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