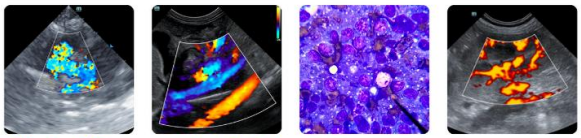


DATE

4/2/26

PATIENT

Watson Kharinoc

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2019

WEIGHT

3.9ks

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

VEG-ER Pikesville

REFERRING VET

Dr. Roper

INVOICE

47408

CLINICAL BACKGROUND & STUDY DETAILS

History: Not eating and owner has not seen anything in the litter box for the past 3 days. Seems lethargic. Vomited a couple times. The other cat in the house was constipated recently but resolved. Meds: none
Vax: UTD. Diet: commercial wet food. Env: indoor + lives with another indoor cat
Pertinent abnormal PE/Chem/CBC/UA Results: Diagnostics not attached, reported as: Neutrophilia 12k, Monocytosis 1.41k, Platelets 84k, Gluc: 208, Glob: 6.2, ALP>10.
Radiology Report: Mild cardiomegaly may be due to the reported pericardial effusion, cardiomyopathy, hyperthyroidism, etc. Distended pulmonary vessels suggest congestion, over-circulation, etc. Pulmonary infiltrates may be cardiogenic edema, neoplastic or inflammatory, etc. Mild pleural effusion can be seen with heart failure, neoplastic exudate, hemorrhage, etc. Gas-filled stomach suggests aerophagia and/or ileus. Mineral densities in the stool may be due to desiccation of the feces and/or ingestion of sand, bone, etc. Transitional LS vertebra.
Current medications: Lasix CRI 0.6mg/kg/hr
Sedation used: Torbugesic.
Pertinent previous ultrasound results: No previous.
STAT: Approved.
I**maging performed by:** Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. Decreased LV chamber size with adequate function. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Scant pericardial and 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT			0.66	1.0	0.64	52	87
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	1.3	1.2		1.1	1.1	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

The finding of mild LV hypertrophy and a decreased LVID dimension is most consistent with pseudohypertrophy due to hypovolemia (i.e., secondary to diuretic therapy); however, early cardiomyopathy is also a possibility. Until the patient is volume stabilized, a baseline is difficult to assess. The LA and RA are normal, indicating **low risk for complication at this time and CHF is essentially ruled out in this case**. Consider a low rate of fluids due to overall clinical decline and significance of volume depletion. No additional structural issues are identified.

Given these findings, the reported effusions are unlikely to be cardiogenic in origin. Lasix should be discontinued, and further respiratory evaluation/treatment is advised. Fluid sampling may be beneficial if able.

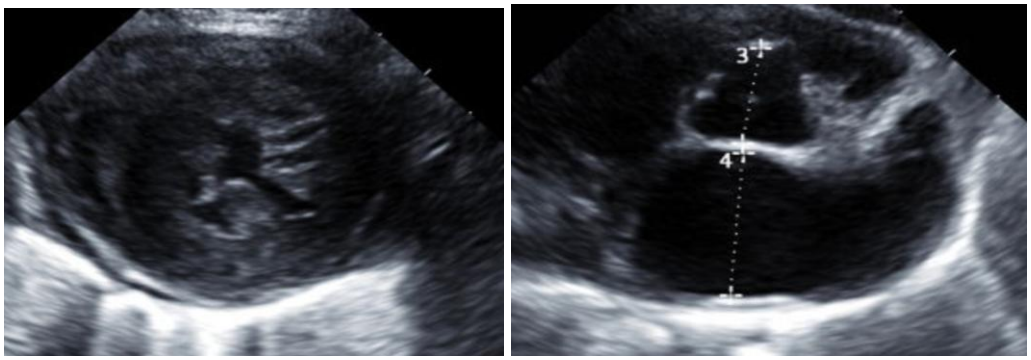
Prognosis is guarded pending assessing response to respiratory therapy.

PLAN

Consider low fluid rate if the patient is clinically volume depleted. Discontinue diuretic therapy. Further/treatment of respiratory signs as discussed.

Recommend reassess the LV dimensions in 6 months once the patient is stabilized to reestablish a baseline.

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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