



**PATIENT**

Fezzik Conroy

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Male Neutered

**AGE**

9.6.06

**WEIGHT**

15.16lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Frederick Road  
Veterinary Hospital

**REFERRING VET**

Dr. Beyer

**INVOICE**

23789

**DATE**

4.20.22

**PRESENTING CLINICAL SIGNS**

History: Flare-up of decreased appetite, vomiting. Went to ER for 24 hours IV fluids and supportive care. Hx: asthma, diabetes, pancreatitis, liver masses (suspected benign). Owner reported ER heard a new murmur; unknown grade (waiting on ER records) ProBNP had been submitted due to chronic pred and returned normal.

-Pertinent abnormal PE/Chem/CBC/UA Results: Spec FPL 11.2 (0.0-3.5). Spec FPL last flare up was 50 in 2020 (at recheck several days after ER stay). SDMA 12 (0-14), Crea 1.7 (0.9-2.3), BUN/UREA 49 (16-37), ALKP 71 (12-59), ALT was elevated at ER.

-Current medications: Prednisolone 10mg/mL 0.3mL SID, Lantus insulin 1 unit BID, Cerenia PRN, Dasuquin, Gabapentin for vet visits- 100mg the night before and am of US.

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

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

Normal cardiac silhouette. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a focal septal thickening. The remainder of the LV wall measures normal. 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. No MR or TR is visualized. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

| FELINE CARDIAC PARAMETERS | BODY WEIGHT<br>(kg) | HR<br>(BPM)                        | IVSd<br>(cm)<br><small>(Moise, Pipers)</small>       | LVIDd<br>(cm)<br><small>(Moise, Pipers)</small> | LWVd<br>(cm)<br><small>(Moise, Pipers)</small> | FS<br>(%)         | EF<br>(%)      |
|---------------------------|---------------------|------------------------------------|--|---|--|-------------------|----------------|
| NORMAL PARAMETER          | -----               | 150-240                            | 3.5-0.55   | <2<br>(mean 1.5)                                | 3.5-0.55                                       | 35-67             | 80-100         |
| PATIENT                   | 6.9                 | 190                                | 0.68   | 1.3   | 0.52   | 45                | 80             |
| FELINE CARDIAC PARAMETERS | LA/AO<br>(Boon)     | LA/AO HEART BASE (Swe)<br>(Abbott) | LA<br>2D short axis<br>Base view<br>(cm)<br>(Abbott) |   | LVOT VEL<br>(m/s)                              | RVOT VEL<br>(m/s) | E max<br>(m/s) |
| NORMAL                    | <1.5                | <1.3                               | <1.2   |   | <1.6   | <1.3              | <0.9           |
| PATIENT                   | NM                  | 1.2                                | 1.2  |   | 0.84   | 0.8               | 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

Focal LV hypertrophy is present in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. A screening BP and T4 are highly recommended as possible contributing issues. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, no definitive cause is identified for the murmur in this study, making it likely benign and secondary to tachycardia/stress.

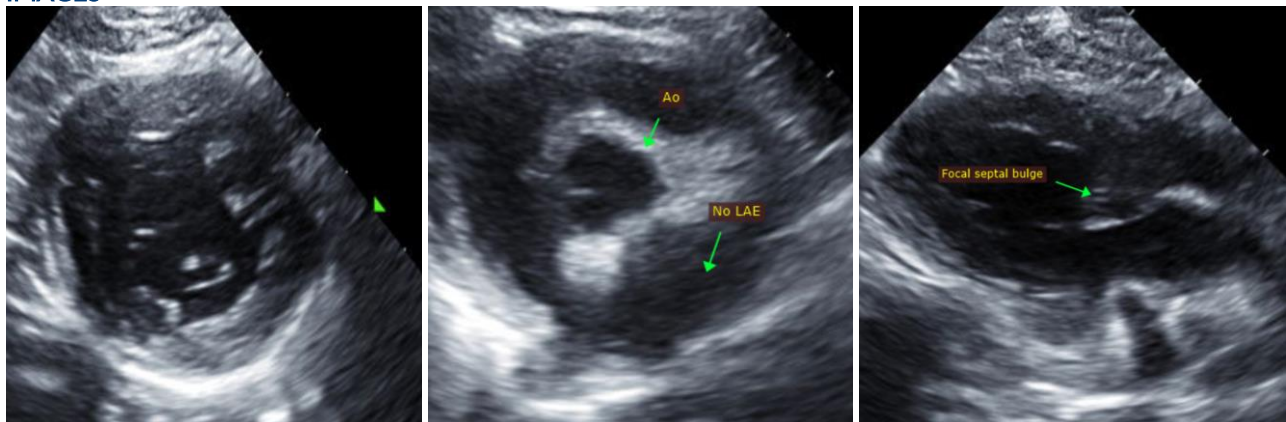
With a normal LA dimension, no medications are indicated.

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future. No obvious contraindication for steroid use at this time.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

### 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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