



PATIENT

Ivan Beers

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Todd

INVOICE

30354

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of chronic grade II/VI systolic heart murmur. Recently at his exam, Dr. Knouse ausculted a grade III/VI systolic heart murmur. Ivan also has a history of IBD and is currently managed with Purina DM diet and prednisolone 2.5 mg PO BID-weaning. Ivan's most recent lab work shows non-regenerative anemia. There is some question as to whether Ivan is hyperthyroid as previous T4=3.0 and TSH was low <0.03 and he is ravenous. ProBNP was normal at 69 on 4/7/23. Blood pressure today was 122/71, 120/73, 122/72mmHg.
-Pertinent previous echo findings (3/2020 MML): Normal remodeling, mild right heart prominence, mild MR.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 166bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is an irregular 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 high normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility, trace eccentric MR. Trace TR. Blood flow through the RVOT is normal in velocity. No AI or PI. 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)	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	7.3	NM	0.51	1.58	0.50	51	85
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	1.2	1.1		1.5	1.2	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

Compared to the prior study, there is no evidence of progression. The left heart is essentially normal with mild remodeling and fibrosis. Trace MR and TR are unchanged. The right heart is



PATIENT

Ivan Beers

prominent, although no progression is seen . No additional issues are identified. The ECG is unremarkable, and the BP is normal.

SPECIES

Feline

No cardiac medications are indicated. Prognosis is open, serial monitoring is recommended.

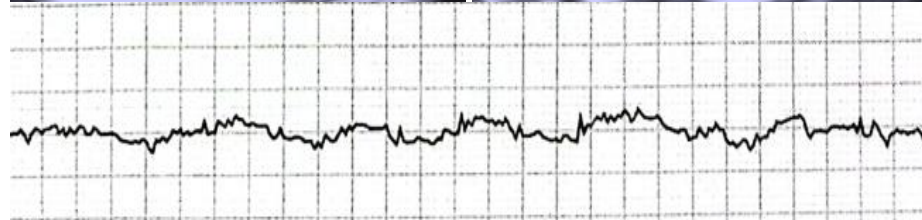
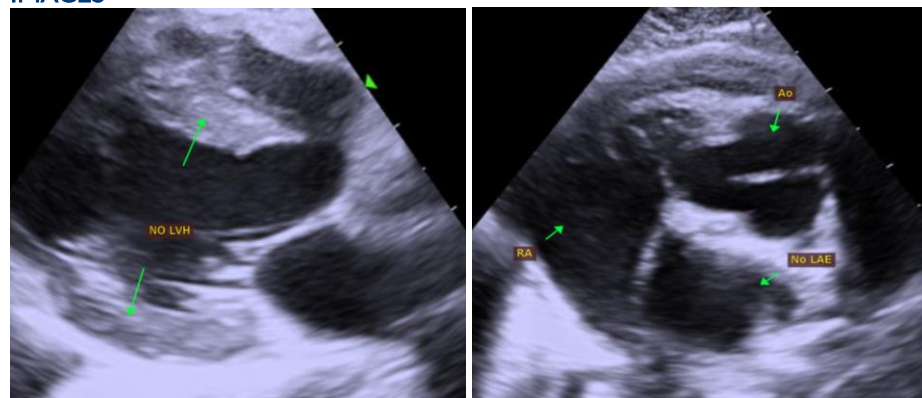
Monitor for any change in respiratory rate or effort or signs of a blood clot event going forward.

BREED

DSH

Recheck echocardiogram is recommended annually, sooner if clinical signs arise.

IMAGES



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

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal Hospital

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.

REFERRING VET

Dr. Todd

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

INVOICE

30354

DATE

4/20/23