



PATIENT

Spooky Cook

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.14.14

WEIGHT

18.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Willer

INVOICE

30362

DATE

4.20.23

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting, lethargy and seeming in distress history of pancreatitis and gall bladder stone- a couple of years ago- has been on ursodiol - had an ultrasound follow up- stone was breaking apart- continue on the ursodiol was in recently due to coughing; x rays- possible asthma- was started on 3 week course of doxycycline- had follow up x-rays and was recommend to watch the breathing owner went into the office today- cat was fine this morning; got a call from father- the cat was vomiting and seemed to be in distressed; when owner got home- cat was quiet and lethargic; not interest in eating; crying; had urinate not aware of getting into anything sees Dr. Sinclair frequently does not like buprenorphine- makes the cat act very odd and crazy- does not want the cat to get it had bloodwork a couple of weeks ago- per owner normal

-Pertinent abnormal PE/Chem/CBC/UA Results: patchy changes noted in the lung- particularly in the right cranial/caudal lung lobe and left caudal lung lobe region mineralized density noted in the liver region on the v/d thickened intestines increased fat pad noted in the cranial abdomen stool noted in the colon.

-Current medications: Cerenia, Ondansetron, Gabapentin.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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 obvious valve regurgitation. 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 (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	8.6	230	0.52	1.47	0.54	42	78
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	1.3		0.8	1.0	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

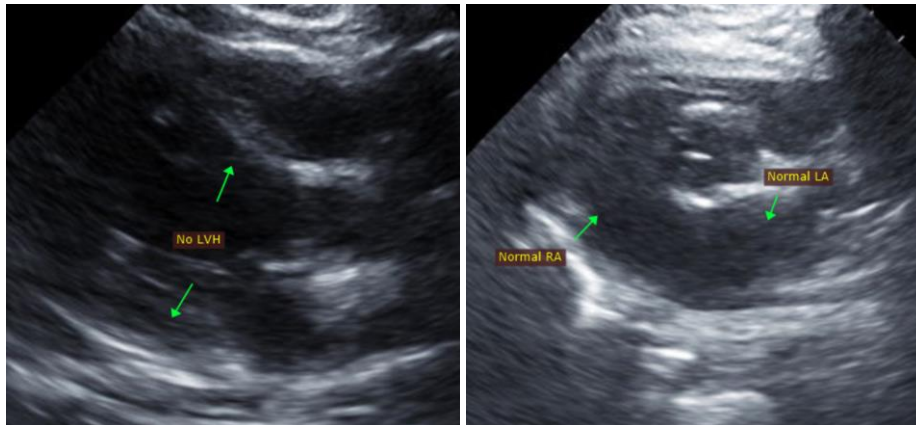
Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated.

No cardiac contribution to clinical signs is suspected. Primary respiratory disease is considered more likely. Prognosis is open.

Anesthetic risk is considered mild. 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 assess 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com