

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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**PATIENT**

Jameson McMahon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

4.17.08

**WEIGHT**

9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Harborside Mobile  
Veterinary Clinic

**REFERRING VET**

Dr. Hawkins

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Amlodipine 0.625mg SID.

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

-Pertinent previous ultrasound results (7/2021 MML): Resolved LVH, prominent AO. LA: 1.3.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. Prominent aortic root. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Trace aortic insufficiency. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	NM	0.5	1.6	0.5	46	80
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.1	12		0.84	0.9	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.

**INVOICE**

23855

**DATE**

4.25.22

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there are no significant changes. The LV wall dimensions remain normal and the LA unremarkable. A small aortic leak was not noted previously; however, in light of a historical SHT this is not unexpected. Lifelong BP monitoring remains advised. No additional issues are identified.

No cardiac medications are indicated, assuming BP is stable.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

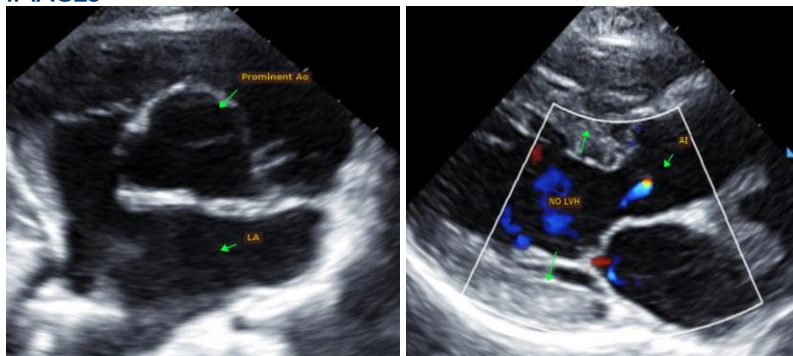
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

### PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

### 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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