

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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**PATIENT**

Steve Chafee

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

7.1.10

**WEIGHT**

10.68lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Frederick Road  
Veterinary Hospital

**REFERRING VET**

Dr. Franchini

**INVOICE**

23918

**DATE**

4.27.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well.

-Pertinent abnormal PE/Chem/CBC/UA Results: Elevated Creat, SDMA, WBCs. Low end of normal HCT.

-Current medications: Prednisolone 5mg SID, Atenolol 6.25mg SID, HP diet.

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

-Pertinent previous ultrasound results (4/2021 MML): Asymptomatic with mild PW thickening: 0.6cm. No LAE. LVOTO: 2m/s with trace MR.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mildly thickened free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. 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. There is systolic anterior motion (SAM) of the mitral valve present, with a borderline LVOT velocity (dynamic profile). There is trace eccentric mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	4.8	170	0.52	1.3	0.62	60	92
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	1.2		1.5	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.							

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. Minimal thickening of the posterior wall is unchanged with the remainder of the LV unremarkable. The LVOTO is minimal and unchanged, and no left atrial enlargement has developed. No additional issues are identified.

Given these findings, it is reasonable to continue Atenolol going forward. A recheck ECG is not included and should be reassessed given the history of VPCs. No additional medications are warranted at this time.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

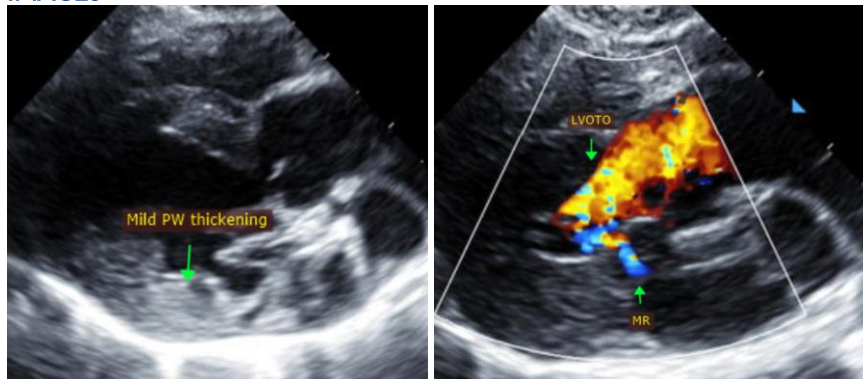
Anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).

### PLAN

Screening BP/T4 every 6 months. Continue Atenolol as previously recommended. Reassess ECG every 6 months.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

### 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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