

**PATIENT**

Dante Ingenito

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

9.9lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Bogunovic

INVOICE

23949

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: Fell off table, limping/ favoring leg Hyperthyroid (historic).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. Normal to slightly increased LV chamber dimension. Adequate systolic function. 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. Blood flow through both the LVOT and RVOT is normal in velocity. Trace TR. 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	4.5	176	0.47	1.7	0.51	56	89
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	1.3	1.3	0.6	0.7	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

Essentially normal cardiac structure and function are documented in this study. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The LV chamber is borderline increased, which should be monitored going forward. Trace TR is hemodynamically insignificant. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. No additional issues are identified.

Given these findings, the clinical issues are unlikely to be cardiac-related (i.e., low risk of a cardiac thrombus with a normal left atrium); however, this does not rule out non-cardiac thrombi etc. Further systemic evaluation is advised to rule out underlying issues such as neoplasia.

From a structural standpoint, anesthetic risk is considered mild.

PLAN

No indication for medications from a cardiac standpoint.

Recommend recheck echocardiogram in 1 year to assess any progressive issues, sooner if a murmur develops in the interim.

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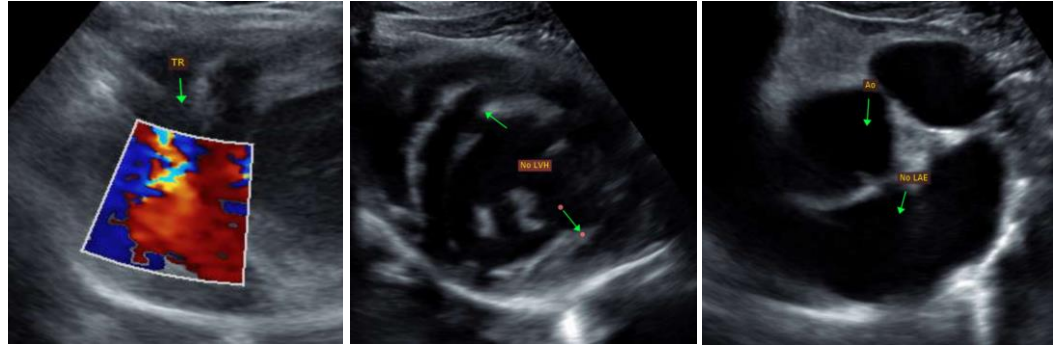
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IMAGES



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. 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
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