



PATIENT

Misty Mans

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

16.5 years

WEIGHT

6.12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

23443

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: Suspected vascular accident. Patient was ataxic, knuckling on R front leg and falling over to right side on 3/28/22. New murmur II/VI systolic.

-Current medications: Prednisolone 5mg 1T BID, Plavix 75mg 1/4T SID, Tapazole 5mg 1/2T in AM and 1/4T in PM

-Abnormal PE/Chem/CBC/UA Results: Phos 2.2, Magnes 1.1, K 3.0, Na/K Ratio 51, Platelet Count 65, Neut 79%, lymphocytes 10%, Abs. Lymph 590.

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 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 normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. Trace aortic insufficiency. No obvious cause for the murmur is identified. No pleural or pericardial effusion seen. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.8	196	0.42	1.2	0.43	58	90
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	1.5	1.3	1.2	1.0	1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal cardiac structure and function. There is mildly increased remodeling and fibrosis of the left ventricular wall, which may be a normal variant (suspected given the age of the patient) or represent early pathology. Serial echocardiography will be necessary to determine progression. Additionally, no cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Finally, the LA is normal indicating a low risk for imminent complications such as a cardiogenic thrombus or CHF/fluid overload.

Given a normal left atrial dimension, a cardiogenic thrombus is highly unlikely. Other potential causes of the clinical signs should be investigated (i.e., non-cardiogenic thrombus, FCE, systemic issue/electrolyte abnormality, neurologic cause, etc.). **A blood pressure is strongly recommended**



PATIENT

Misty Mans

as SHT can lead to such events, particularly given a small aortic leak. Given these findings no cardiac medications are clearly indicated.

SPECIES

Feline

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

BREED

DMH

SEX

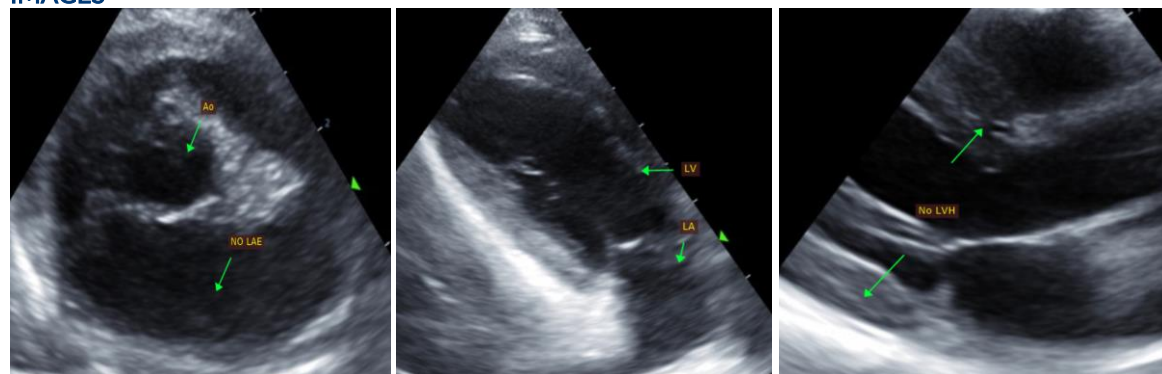
Female Spayed

Recommend recheck echocardiogram in 1 year to assess for progression and reassess murmur origin, sooner if clinical signs arise in the interim.

AGE

16.5 years

IMAGES



WEIGHT

6.12lbs

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

Jessica Miller

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.

HOSPITAL NAME

Animal Care Clinic of
Flanders

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

REFERRING VET

Dr. Hallihan

INVOICE

23443

DATE

4/5/22