



PATIENT

Lump Porter

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17 years

WEIGHT

6.18lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

30128

DATE

4/7/23

PRESENTING CLINICAL SIGNS

History: Grade 3/6 right base murmur, noted for 4 months. Hyperthyroidism for 2 years. Managed with Methimazole 2.5mg q12hr (last t4 level on 3-16-23 was WNL). Presented last PM for acute blindness (OU) at ER. Hypertensive (unknown numbers at this time due to lack of ER records). They started on Amlodipine 1.25mg at 3am 4-7-23. BP: 150, 150, 150, 145, 150mmHg. Abnormal PE/Chem/CBC/UA Results (11-12-22): SDMA was increased at 32; normal creatinine/BUN. ++ Proteinuria noted as well. At that time and next recheck had strongly recommended BP check. Heart Rate and Respiratory Rates 210 HR and 24 RR. -Current medications: Amlodipine 1.25mg at 3am, Methimazole 2.5mg 112h, Pregabalin 5mg q12h.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a focal septal bulge. The remainder of the LV wall measures normal. 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. No TR. 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)	LVWd (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	2.8	NM	0.72	1.2	0.51	58	92
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	1.4	1.2	1.2		0.9	1.4	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

Focal LV hypertrophy is present in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. The history of systemic hypertension may or may not be related to this finding and follow up is advised once the blood pressure is well controlled. Certainly, there is no evidence of severe chronic pressure overload of the left heart which is a good sign. The LA is normal indicating low risk at this time. No cause for the murmur is identified in this study, making it likely physiologic in origin.

Continued treatment/evaluation of systemic hypertension is recommended, including screening for underlying causes. Consultation with an Internal Medicine Specialist may be useful if difficult to control.



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Given a normal LA dimension, no medications are indicated.

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Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

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DSH

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

SEX

Female Spayed

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression, sooner if clinical signs arise.

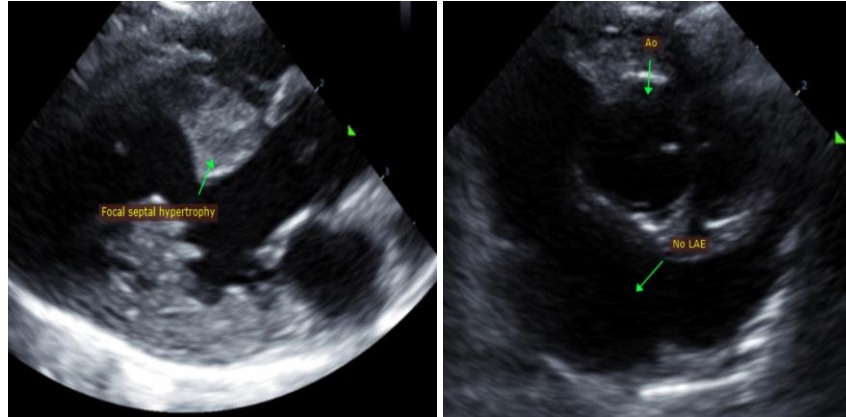
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IMAGES



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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

Sara Hansen

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

Santa Clara Animal Hospital

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