



PATIENT

Cosette Hall

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

12 years

WEIGHT

9.41lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Martin

INVOICE

30520

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Heart murmur. Ascites. Cardiomegaly with pleural effusion on CXR. Previously diagnosed with aortic valve dysplasia.

-Current medications: Lasix 10mg PO BID.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm. Left axis deviation consistent with an LAFB.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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 obvious valve regurgitation. The aortic valve is not extensively visualized; however, flow through the region 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) <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	4.3	NM	0.43	1.2	0.45	55	89
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	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	1.3	1.1	1.0	NM	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

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. No obvious evidence of aortic valve dysplasia is seen in this study with normal flow through the region and no insufficiency appreciated. The ECG is unremarkable with a normal sinus rhythm. An LAFB (left anterior fascicular block) is a benign conduction abnormality common in older cats.



PATIENT

Cosette Hall

These findings would suggest the bicavitary effusion is **unlikely to be cardiogenic in origin**, further evaluation is strongly recommended through fluid cytology/sampling and full systemic evaluation. From a cardiac standpoint, there is no obvious indication for Lasix therapy at this time.

SPECIES

Feline

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

BREED

DLH

SEX

Female Spayed

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

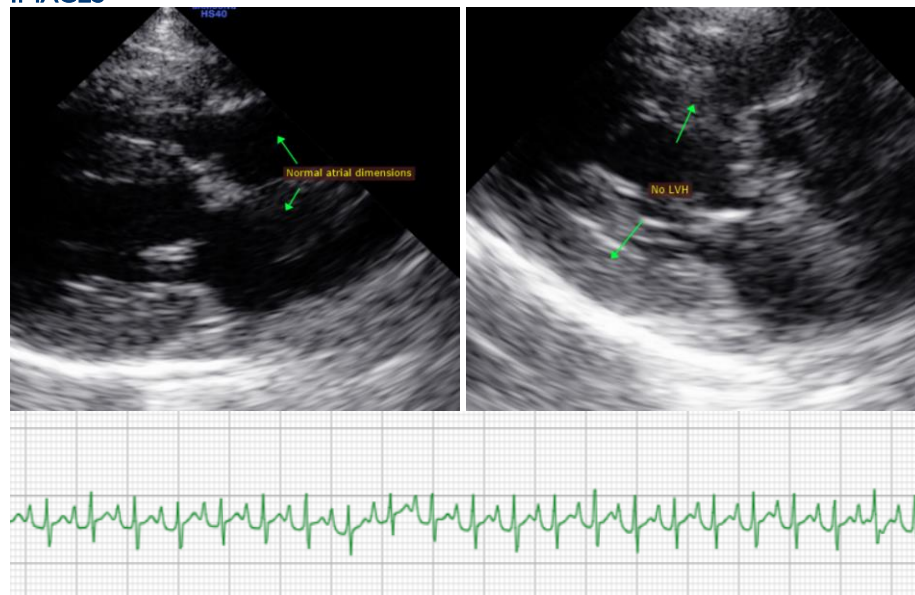
AGE

12 years

WEIGHT

9.41lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

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.

REFERRING VET

Dr. Martin

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.

INVOICE

30520

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

DATE

5/1/23