



PATIENT

Scrappy Duprey

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5.31.09

WEIGHT

7.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Belvedere Veterubart
Center

REFERRING VET

Dr. Moulder

INVOICE

30517

DATE

5.1.23

PRESENTING CLINICAL SIGNS

History: Ongoing mild intermittent hematuria. No straining. Eating well & otherwise acting fine. Hospitalized for renal failure 3/8/2023-3/10/2023. When hospitalized, noted to have arrhythmia and grade 2/6 systolic murmur. Renal values when hospitalized in March: BUN >130, creat 13
-Pertinent abnormal PE/Chem/CBC/UA Results: Prior to 3/8/2023- mild renal abnormalities 3/8-3/10/2023- severe azotemia (BUN> 130, creat 13). 3/24- creat 3, BUN 84. 4/28-creat 1.8, BUN 53
-Current medications: Convenia 27mg given subcutaneously 4/28/23. On subq fluids 100ml every 2-3 days since 3/10/23
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of thinning and irregularity. There is a hyperechoic endocardium consistent with diffuse fibrosis. LV chamber is mildly dilated. Adequate myocardial function. The left atrium is mildly dilated. Mild MV thickening with no MR. No obvious systolic anterior motion of the MV is seen. The right atrium is normal. The right ventricle appears normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.4	NM	0.38	1.8	0.35	52	86
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	NM	1.5	1.4		0.8	0.8	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

No cause for the murmur is identified in this study. The LA and LV are both mildly dilated however, and without significant LV wall hypertrophy which may represent early unclassified or restrictive cardiomyopathy (stiffening of the ventricles leading to increased atrial pressure) or may simple be a normal variant secondary to fluid therapy. Regardless, mild changes would suggest risk for complication is low; however, this may suggest early fluid intolerance going forward.

In light of the echo findings and history, I am hopeful we can classify this case as a normal geriatric heart or mild subclinical cardiomyopathy that has mild left atrial and ventricular dilation secondary to fluid therapy. Without a prior baseline study, this is difficult to prove or disprove at this time. Follow up echocardiography will be useful to help differentiate the status of underlying cardiomyopathy.

Fortunately, no clinical signs of fluid intolerance are reported at this time and no medications are clearly indicated. Unfortunately, however, this cat is at risk for developing fluid overload and respiratory signs going forward. Diuretics should be avoided if possible, and close monitoring of RR/RE going forward is advised to note fluid intolerance early and adjust rates as needed. If signs of intolerance are noted, screening CXR and/or brief reassessment of atrial dilation may be helpful.

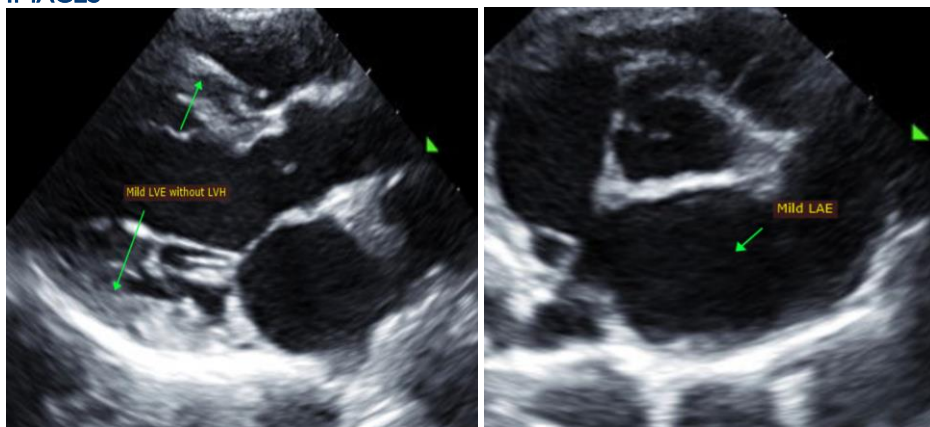
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.) as patient may be at risk lifelong. If atrial dilation persists once fluid therapy is discontinued, Plavix is recommended to decrease risk of a thromboembolic event.

PLAN

Screening BP and ECG are recommended.

A recheck echocardiogram is recommended in 4-6 months, sooner if development of any clinical signs. If signs of fluid intolerance develop, CXR are strongly recommended.

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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