

**PATIENT**

Benny Hensler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2.22.15

**WEIGHT**

14lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**HOSPITAL NAME**Cat Sense Feline  
Hospital**REFERRING VET**

Dr. Sinclair

**INVOICE**

24315

**DATE**

5.20.22

**PRESENTING CLINICAL SIGNS**

History: Had u/s in February for losing weight, not eating well. After the ultrasound, we started him on sucralfate and omeprazole and increased the prednisolone. He has been on and off with his appetite, but it seems to have stabilized and he is now off of the omeprazole and sucralfate. Grade 1/6 murmur. Assess prior to anesthesia.

-Current medications: Had been on omeprazole and sucralfate for several weeks after the ultrasound on 2/15 but they have been discontinued since 4/11. He is currently on 6mg Cerenia once daily, Mirataz once daily and Cobalequin once daily.

-Sedation used: Gabapentin PO, Torbugesic IV.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, yet highly irregular. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Borderline LV dilation with borderline dysfunction. Remodeled, mildly hyperechoic papillary muscles. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. Trace TR. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	NM	0.50	1.75	0.54	38	72
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	1.4	1.34		1.0	0.66	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

Mild abnormalities are identified including minimal LA dilation and borderline LV dilation with mild dysfunction. No evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. These abnormalities may suggest early Unclassified Disease; however, monitoring for progression is advised. No cause of the murmur is identified making it likely physiologic in origin.

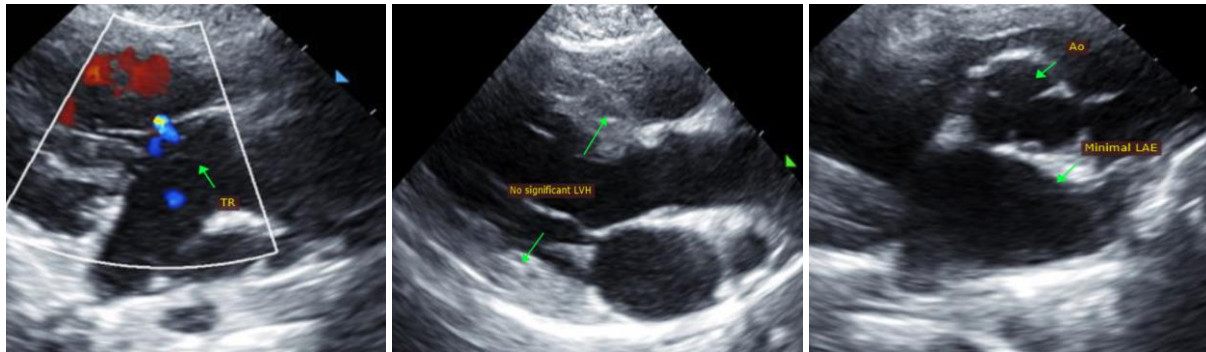
Given these findings, no medications are indicated as risk for complication at this time is low. Prognosis is guarded long-term until progression is assessed.

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.

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

A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any issues arise in the interim.

## 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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