

IMAGING PERFORMED BY

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PATIENT

Meeko West

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7.17.13

WEIGHT

8.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Greenbrier Veterinary
Clinic

REFERRING VET

Dr. Boccanfuso

INVOICE

24312

DATE

5.20.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. BNP chronically elevated (107).

-Pertinent abnormal PE/Chem/CBC/UA Results: ProBNP: 107.

-Current medications: Phenobarbital 16.2mg (3/4 BID), MiraLAX (1/4 tsp SID), Famotidine 20mg (1/4 SID), Dasuquin (1 capsule EOD).

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (10/16/19 MML): No LVH (0.56/0.55), LV remodeling and fibrosis, trace TR.

-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 to slightly decreased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium/papillary muscles appear mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. Trace TR. The right ventricle appears normal in size. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT are normal in velocity. No obvious valvular regurgitation is seen. No evidence of cardiac tumors on this scan. No pericardial or pleural effusion 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	3.7	NM	0.42	1.5	0.4	40	76
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	1.2	1.1	0.52	0.53	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

Compared to the prior study, the findings are similar. LV remodeling and fibrosis remains diffuse. If anything, the left ventricular wall thickness has decreased comparatively, which should be monitored going forward. The LA remains normal indicating low risk for complication.

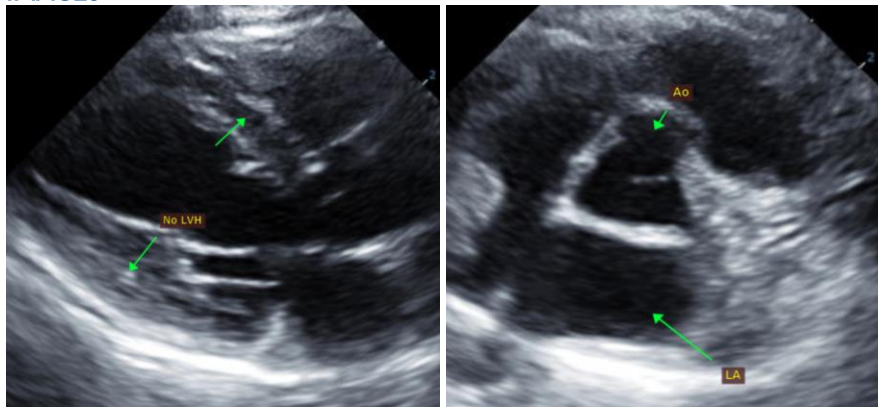
Given these findings, no medications are indicated.

Monitor for any respiratory changes or signs of a blood clot event going forward.

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.

Recommend recheck echocardiogram in 1 year to assess for progression.

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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