


PATIENT

Gringo Maccowan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.10 years

WEIGHT

14lbs; 6.4kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

VCA Feline

REFERRING VET

Dr. Fleming

INVOICE

24375

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Historical CHF was managed on medication but has not received any in over year (owner decision, difficult to medicate, indoor/outdoor). Assess prior to anesthesia.
 -Pertinent previous echo findings (9/2020 CS): Historical CHF yet echo showed mild LVH (IVSd: 0.53, LVWd: 0.63), LA/AO: 1.3. No LAE. Recommended wean Lasix and institute Pimobendan.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a borderline free wall. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

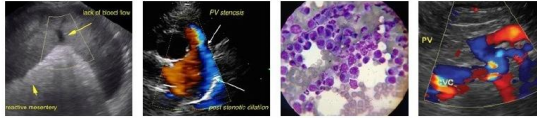
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	6.4	190	0.48	1.4	0.54	43	78
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.2	1.1	1.2	0.97	NM	
<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.							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The free wall measures borderline in thickness; however, the remainder of the LV appears normal. 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 additional issues are identified.

Given these findings, no medications are indicated. The history is confounding as CHF was suspected yet minimal pathology was seen on the 2020 echocardiogram. No medications are warranted based upon what is seen here. If there was a prior insult to the heart leading to congestion, the risk at this time at least can be clearly stated as low.

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



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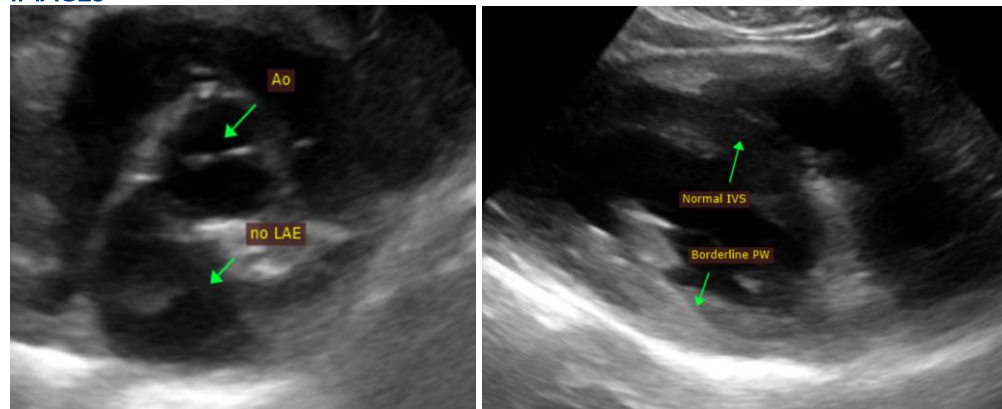
medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

No medications are indicated. Screen BP and T4 are recommended every 6 months.

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

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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