


PATIENT

Stanley Robertson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

2.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill. RVT

HOSPITAL NAME

 Cat Hospital of
 Burlington

REFERRING VET

Dr. O'Connor

INVOICE

24416

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: 1st veterinarian diagnosed him with DCM. 2nd vet did rads and an echo (unsure where or when was done) and said that there was no DCM and said no cardiac meds needed. Intermittent vomiting and history of cystitis. Seemed better so no US done in Dec 2020. Does a lot of squinting at home. Owner thinks he looks pale and that he is lethargic and coughing. Radiographs at Emergency clinic in May 2022 suggestive of asthma. History of eating RC HP hypo dry as he has had allergies. Started on Gabapentin.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with diffuse endocardial fibrosis. The papillary muscles are remodeled and irregular. The endocardium also appears remodeled. The left ventricle is borderline dilated. Mild LV dysfunction is noted. The left atrium is normal. The mitral valve is normal in structure and mobility with no MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.1	150	0.51	1.57	0.52	40	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	1.4	1.3	1.1		0.6	0.6	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 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

The primary abnormality identified is a borderline LV dimension with mild dysfunction and diffuse fibrosis/remodeling. A previous diagnosis of cardiomyopathy may be explained by this abnormality; however, what is seen here may simply be a normal variant. Early Restrictive Cardiomyopathy would be more common than true DCM, and is suspected in this case. Consider screening for contributing causes of this mild abnormality, such as atypical diet or any prior infectious/inflammatory insult to the myocardium. Regardless, what is seen here does not warrant therapy and reflects low risk for complication. The remainder of this study is normal with no LA enlargement or other issues identified.

Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.



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Even with mild abnormalities seen here, this does not explain a clinical cough, lethargy or pale mucus membranes. Primary respiratory disease is considered more likely. Consider a course of Azithromycin as a reasonable starting point with a Radiologist review of the films.

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Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

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Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise.

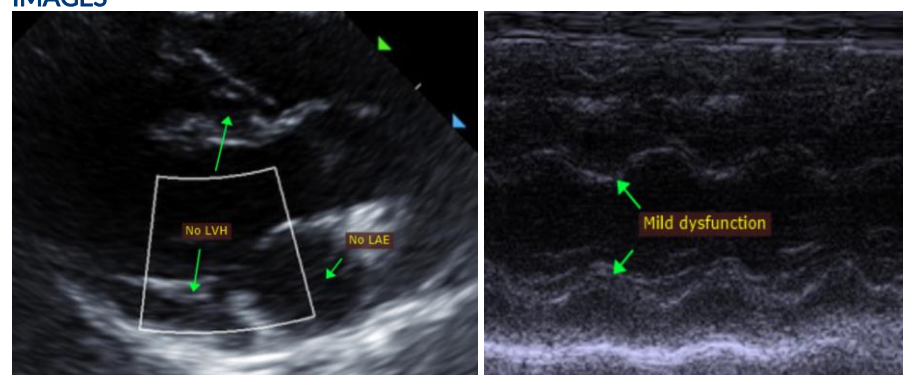
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IMAGES

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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Crystal Hill. RVT

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.

HOSPITAL NAME

Cat Hospital of
Burlington

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

REFERRING VET

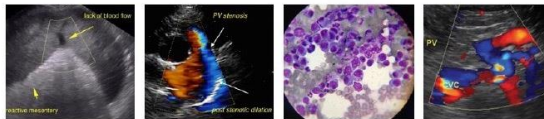
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