



PATIENT

Buddy Hines

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3.23.09

WEIGHT

15.15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Sense Feline
Hospital

REFERRING VET

Dr. Sinclair

INVOICE

23993

DATE

5.3.22

PRESENTING CLINICAL SIGNS

History: Recheck echo prior to institution of steroids for GI disease.

-Radiographs: Show possibly enlarged spleen, either thickened or fluid-filled SI, fair amount of gas in colon with no solid stool, empty stomach.

-Bloodwork: Has elevated wbc with mature neutrophilia and monocytosis.

-Pertinent abnormal PE/Chem/CBC/UA Results: WBC=33,100 with neuts 27,000 and monos 2,000

-Current medications: 70mg cerenia sq, 62.5mg metronidazole + 0.3ml simethicone po on 5/2/22

-Sedation used: Not required to complete full diagnostic ultrasound. IVSd: 0.65, LVWd: 0.66.

-Pertinent previous ultrasound results (5/2021 MML): LVOT with mild LVH, suspect early HCM.

-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 remodeled with mild hypertrophy. Mild papillary muscle hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. 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. Blood flow through the LVOT is laminar and normal in velocity on Spectral; however, an intermittent LVOT is suspected on color flow with mild secondary MR. Blood flow through the RVOT is normal. No evidence of cardiac tumors or effusions in this scan.

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	6.9	NM	0.66	1.4	0.67		
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	1.2	1.9	1.3	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, findings are similar. Mild LVH is unchanged with regions of irregularity. The LVOT obstruction persists; however, given a lack of progression this is likely highly heart rate dependent. Finally, the left atrium remains normal, and no additional issues are identified. Baseline BP and T4 remain recommended every 6 months.

Given these findings, no medications are indicated at this time.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). This patient may be intolerant of fluid and/or steroid therapy, should this be necessary in the future. Monitor RR/RE closely at home in this instance.

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

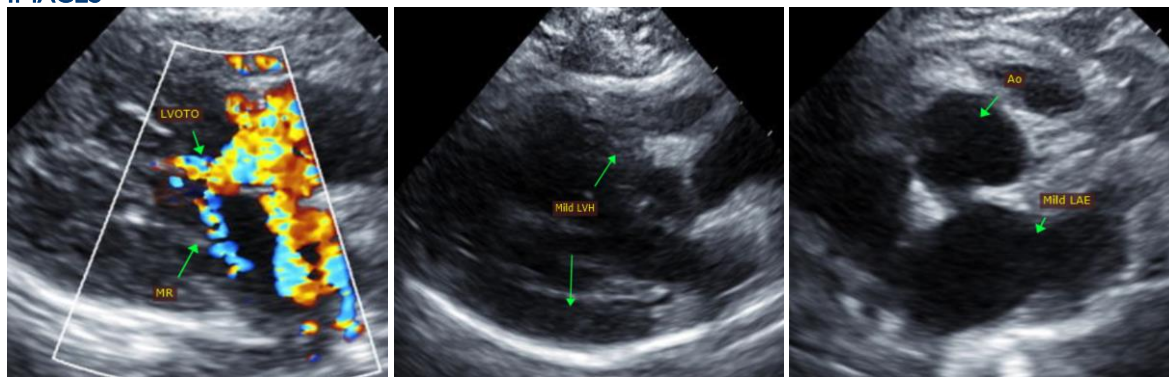
Risk for steroid of fluid use follows left atrial dilation, which in this case is low. That being said, even a normal cat can experience unexpected acute intolerance and monitoring of RR/RE is recommended, particularly during the initiation phase.

PLAN

Screening blood pressure and T4 are recommended every 6 months.

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

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com