

**PATIENT**

Harry Eubank-Warble

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.14.13

WEIGHT

8.5lbs

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

Dr. Sinclair

INVOICE

23995

DATE

5.3.22

PRESENTING CLINICAL SIGNS

History: Was trapped in Oct 2021. When he was examined, he was found to be very thin, moderately anemic, have a grade 1/6 heart murmur, and have stage 2 renal dz. He also may be intermittently diabetic. His bg was 383 with a 3+ glucosuria in March. He was switched to an all-canned diet at that time. The owner has been doing am ear pricks and the bg was initially in the upper 200s and lower 300s. He then was mostly in the 100s. However, bg was 361 and he had a 3+ glucosuria + a very mildly elevated fructosamine on April 19th. Suspect that he may have a variety of issues going on, including primary intestinal disease, renal disease, pancreatitis.

-Pertinent abnormal PE/Chem/CBC/UA Results: April 19 - glucose=361; BUN=50; Ca=11.6 fructosamine=391; urine s.g.=1.025 with 3+ glucosuria.

-Current medications: Cobalequin tablet once daily, Pet-tinic twice weekly.

-Sedation used: Gabapentin PO prior to the ultrasound and 0.2mls 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. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is mildly dilated and bulbous in appearance. Mild MV thickening with mild to moderate mitral regurgitation. Normal MR velocity. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	NM	0.4	1.5	0.4	55	88
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	1.5	1.4	1.2	0.7	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

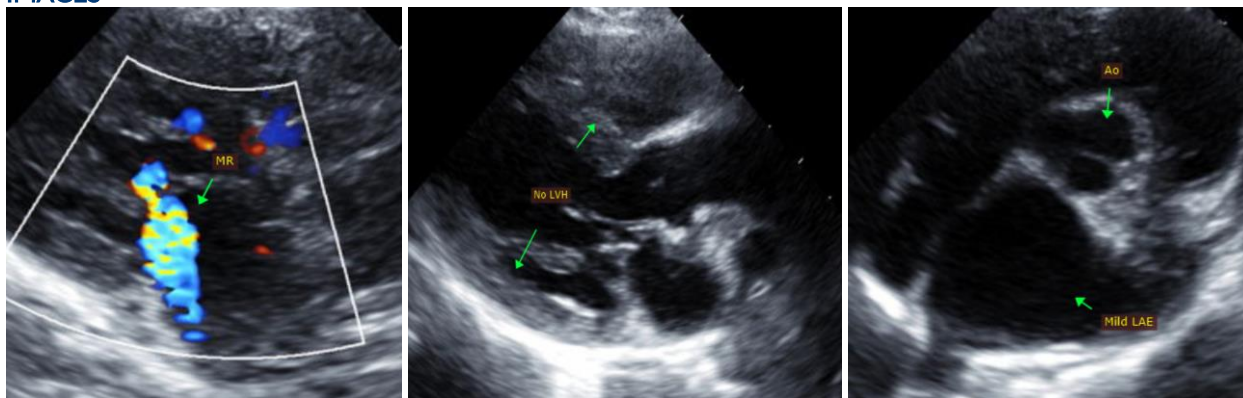
The cause of the murmur is mild to moderate mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MV thickening may represent early valve disease similar to as seen in dogs, and serial monitoring is advised. The left atrium is mildly enlarged, which is also concerning for potential progressive disease. No additional issues are identified, and the LV wall dimensions are normal.

Given a mild LA enlargement, no medications are indicated and simple follow up is advised. Risk is low for complication; however, long-term prognosis is guarded given the highly variable rates of progression of sub-clinical feline cardiomyopathy.

The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

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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