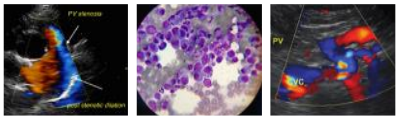
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Monkey Belt

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
5.24.09

WEIGHT
11.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Everhart Veterinary Hospital

REFERRING VET
Dr. Kerr

INVOICE
24493

DATE
5.31.22

PRESENTING CLINICAL SIGNS

History: Monkey presented to the EVH for decreased urination/defecation, lethargy, and decreased appetite. Physical exam reveals mildly unkempt hair coat, prolonged skin tent, muscle wasting over the epaxials, and a grade 3/6 systolic murmur. Abdominal palpation and more extensive examination was unable to be performed due to temperament.
-Pertinent abnormal PE/Chem/CBC/UA Results: BUN 68, Creatinine 3.8, SDMA 54, HCT 29%, Lymphocytes 8.25%, ProBNP - normal
-Current medications: Mirataz transdermal SID, Cerenia 2 mg/kg SID
-Sedation used: Midazolam and Torbugesic IM.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Pearce RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall appears mildly remodeled with a focal septal thickening. The free wall measures borderline. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium also appears remodeled. 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 normal in velocity. The RVOT velocity is elevated with a dynamic profile. Trace AI, PI and TR are identified. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.64	1.1	0.56	49	84
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	1.3	1.2		1.2	2.1	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

Mild focal LV hypertrophy is present, which may be indicative of early cardiac disease or may simply represent a normal variant. A screening BP and T4 are highly recommended, particularly given underlying azotemia. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, the murmur is benign in origin due to a dynamic RVOT obstruction. This commonly occurs secondary to volume or heart rate changes, which are likely present in this cat.

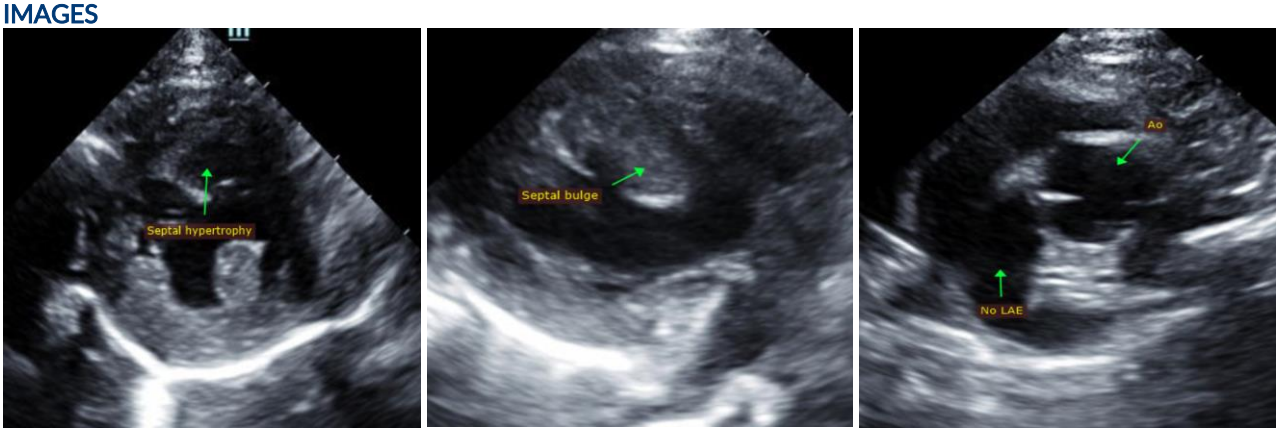
With a normal LA dimension, no medications are indicated.

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of 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.

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