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**PATIENT**

Jerry Goldthrite

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8.3.10

**WEIGHT**

14.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

North Laurel Animal  
Hospital

**REFERRING VET**

Dr. Steere

**INVOICE**

30659

**DATE**

5.8.23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Historical heart murmur.

-Current medications: None listed.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (7/2022 MML): No LVH, suspect LVOTO, mild MR, normal LA: 1.2cm.

-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. The endocardium also appears remodeled. The MV appears normal. An obstruction is not captured on Spectral doppler; however, color flow is suspicious. Mild secondary MR. The left atrium is mildly progressively enlarged. The right atrium is prominent. The right ventricle appears normal. Blood flow through the RVOT is borderline elevated in velocity with a dynamic profile. No obvious TR. There is no pleural or pericardial effusion seen. There are 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.5	NM	0.57	1.5	0.58	57	90
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 (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	1.5		0.9	1.5	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

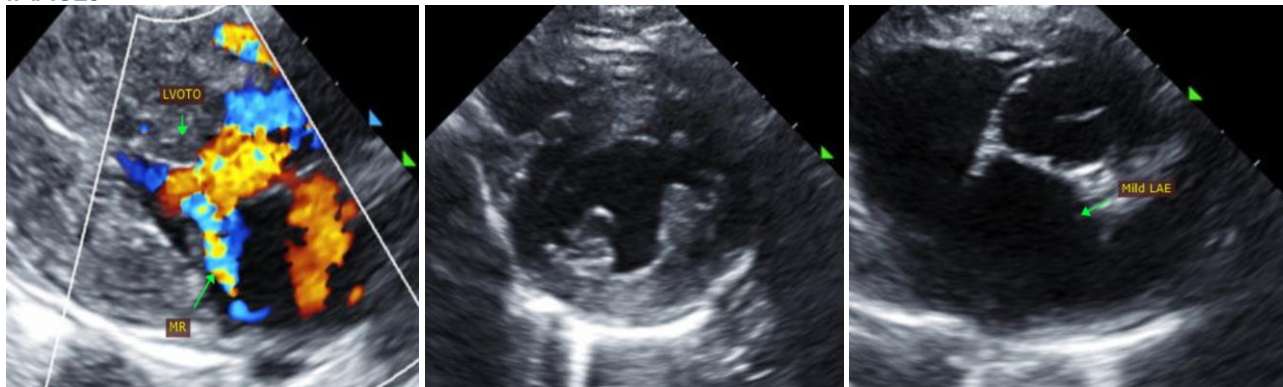
Compared to the prior study, findings are similar. Of some concern, the LA is mildly enlarged (previously normal), with persistent RA dilation as well. This may reflect an increased risk for complication going forward and serial monitoring is recommended. No significant LV hypertrophy has developed and the LVOTO appears mild. No additional issues are identified.

Given these findings, no medications are indicated. Continue monitoring is recommended with routine blood pressure and thyroid evaluation. Prognosis is guarded long term.

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 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.

A recheck echocardiogram is recommended in 1 year, sooner if any 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.

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