



PATIENT

Michael Cozart

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2008

WEIGHT

8lbs

PRESENTING CLINICAL SIGNS

History: Pt has had two known short-duration grand mal seizures in ~12 weeks. Hx of grade 2 systolic heart murmur since 2012; past 6 months grade 3. Hx CKD 2 since 2014- nonproteinuric, normotensive. After 1st seizure, Internist suggested pimobendan prophylactically and referred P to Neurologist. Neurologist advised MRI; O declined. Second known seizure 4-13-22. Infectious disease serology performed; Intrapet echo at CHAT advised.

Current medications: None.

Sedation used: 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 largely normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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. Mild eccentric MR. No other obvious valve regurgitation. Blood flow through the LVOT is normal although some degree of turbulence is noted on color flow imaging. Blood flow through the RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital At
Towson

REFERRING VET

Dr. Brunt

INVOICE

24102

DATE

5/9/22

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWWd (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	3.6	NM	0.49	1.44	0.43	69	96
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	1.28		1.4	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

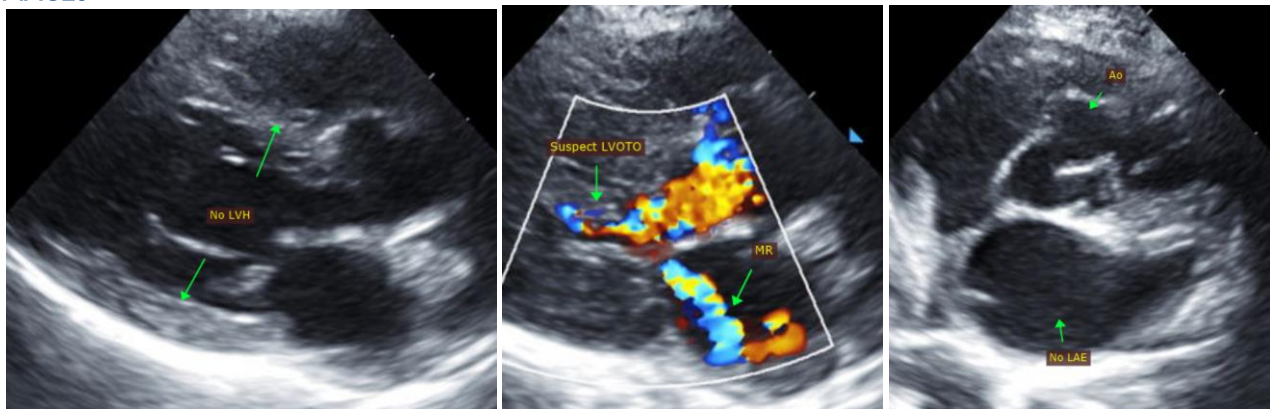
Overtly normal cardiac structure and function. The murmur is suspected to be due to an intermittent LVOTO with secondary MR. This appears mild as there is no LV hypertrophy or LA enlargement identified. No additional issues are identified.

These findings would suggest a cardiogenic thrombus is highly unlikely as the cause of the recent events. Consider other possibilities such as a noncardiac thrombus, neurologic episode, etc. No obvious indication to continue Plavix from a cardiac standpoint; however, further systemic evaluation is advised.

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.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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