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Clinical Sonography & Telecytology

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PATIENT

Miss Cleo Colgan

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

2010

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

24103

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Decrease in appetite, very elevated ProBNP.
Pertinent abnormal PE/Chem/CBC/UA Results: BNP 1368
Current medications: Mirtazapine transdermal. Will be on Gabapentin for echo.
Sedation used: Not required to complete full diagnostic ultrasound.
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 highly irregular with regions of thinning. Focal septal bulge. The remainder of the LV wall measures normal to thing. The LV chamber is borderline increased, with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are fused and hypertrophied. 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. No TR. Blood flow through both the LVOT is normal in velocity. The RVOT velocity is mildly elevated, with a dynamic profile. No aortic or pulmonic insufficiency. 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)	LWVd (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	240	0.3	1.7	0.4	38	72
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	1.0		1.4	2.0	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 primary abnormality identified is a septal bulge with highly abnormal papillary muscle morphology. The muscles appear fused and hypertrophied, and are leading to borderline LV enlargement. This is concerning for early hypertrophic or restrictive disease; however, a normal variant is possible. The LA is normal indicating low risk at this time. Finally, a dynamic RVOTO is noted which may cause a murmur depending on HR/volume status.

Given a normal LA dimension, no medications are indicated.

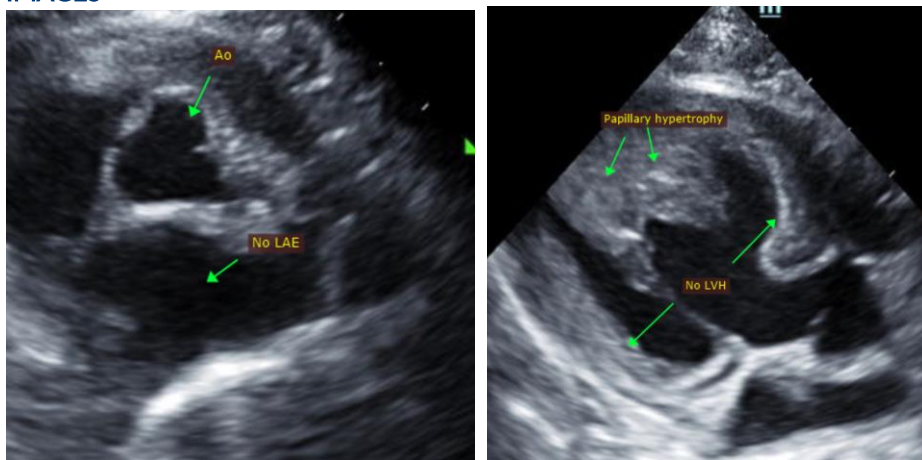
Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

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

Plan: A baseline BP is strongly recommended.

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression and reassess LV function, sooner if 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