

IMAGING PERFORMED BY

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PATIENT

Miss Minnie Zeller

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2004

WEIGHT

6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Slaughter

INVOICE

24104

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Ongoing heart murmur, hypertension, elevated ProBNP.
Pertinent abnormal PE/Chem/CBC/UA Results: BUN 61 creat 2.1 BNP 315
Current medications: Fortiflora SID, Elura 0.3mL SID, Renal K powder BID, Epakitin BID.
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: 6/30/21 MML- trace/mild TR, DRVOTO, mild MR, no LAE
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 irregular with no significant hypertrophy and regions of thinning. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. Mild MV thickening with mild central mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. Trace/mild TR. Normal velocity. Blood flow through the LVOT is normal. Blood flow through the RVOT is elevated with a dynamic profile. No effusions or cardiac tumors are identified.

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	2.7	NM	0.50	1.3	0.49	63	93
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	1.4	1.2		0.7	1.8	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

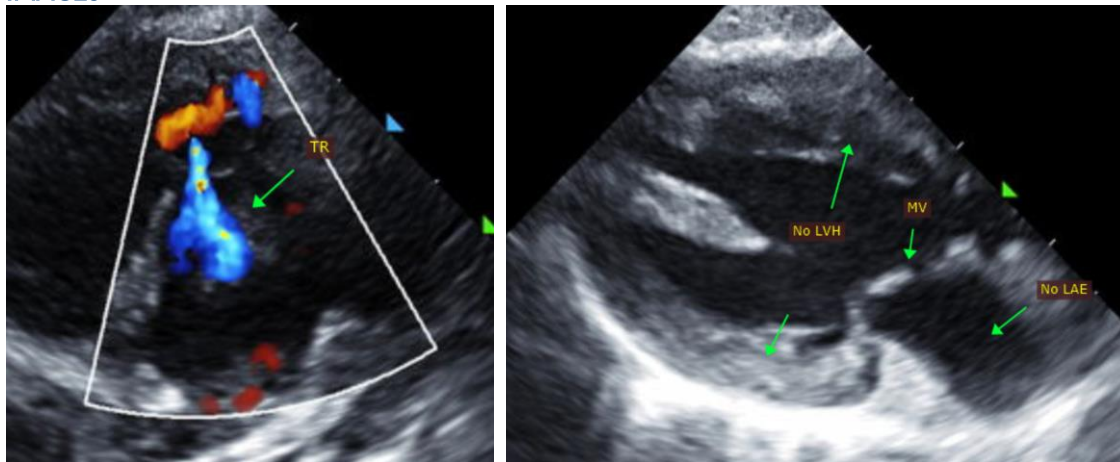
Unchanged cardiac dimensions and function. Trace MR/TR are similar to previous, without obvious progression. The LV remains irregular, although a lack of progression in dimensions likely suggests a normal variant. Continued monitoring is advised. The murmur remains largely benign, with a dynamic RVOTO.

Given these findings, no medications are indicated at this juncture.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

Recheck echocardiogram is recommended annually to screen for progression, 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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