
**PATIENT**

Boris Sourwine

**PRESENTING CLINICAL SIGNS**

History: Had dental cleaning in May 2022 and did not do well. Almost lost him under anesthetic and ended up waking him up and cancelling his extractions. Advised owner to proceed with echo prior to any further anesthetics. Clinacin and Gabapentin. No heart murmur. -Abnormal PE/Chem/CBC/UA Results: Unremarkable other than mild hypoglycemia.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium appears significantly remodeled. The LV function is on the low end of normal. 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. The tricuspid valve appears normal. No MR. Trace TR. Right heart dimensions are normal (subjective). Blood flow through both the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion noted. No obvious cardiac masses.

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

6 years

**CARDIAC CHART**
**WEIGHT**

14.1lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

| FELINE CARDIAC PARAMETERS   | BODY WEIGHT (kg)               | HR (BPM)  | IVSd (cm)<br><small>(Moise, Pipers)</small>                | LVIDd (cm)<br><small>(Moise, Pipers)</small> | LVWd (cm)<br><small>(Moise, Pipers)</small> | FS (%)         | EF (%)      |
|---|--------------------------------|---|--|--|---|----------------|-------------|
| NORMAL PARAMETER  | -----                          | 150-240   | 0.35-0.55  | <2<br>(mean 1.5)                             | 3.5-0.55                                    | 35-67          | 80-100      |
| PATIENT   | 6.4                            | 110   | 0.5  | 1.49   | 0.49  | 36             | 70          |
| FELINE CARDIAC PARAMETERS   | LA/AO<br><small>(Boon)</small> | LA/AO HEART BASE (Swe)<br><small>(Abbott)</small> | LA 2D short axis Base view (cm)<br><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   | 1.1                            | 1.1   | 1.1  |  | 0.6   | 0.9            | NM          |
| <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i><br>Adapted from June Boon, Veterinary Echocardiography, 1998<br>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. |                                |   |  |  |   |                |             |

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

St. Catherines Animal Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function. The LV has significant remodeling and fibrosis, which may suggest early cardiomyopathy or may be a normal variant. The systolic function is on the low end of normal, which should be monitored going forward. Serial echocardiography will be necessary to determine significance of both abnormalities. The LA is normal, with no evidence of elevated filling pressures. No additional issues are identified.

**REFERRING VET**

Dr. Boctor

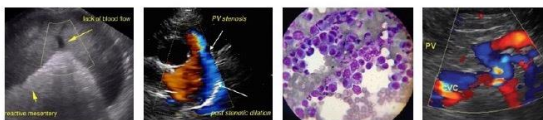
**INVOICE**

24506

Given these findings, anesthetic complications are unlikely to be cardiac related. Consultation with an anesthesiologist prior to future procedures may be useful to assess protocol as there is no cardiac contraindication for anesthesia. No medications are indicated at this time.

**DATE**

6/1/22



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Recommend recheck echocardiogram in 1 year to screen for any progressive changes, sooner if any clinical signs arise.

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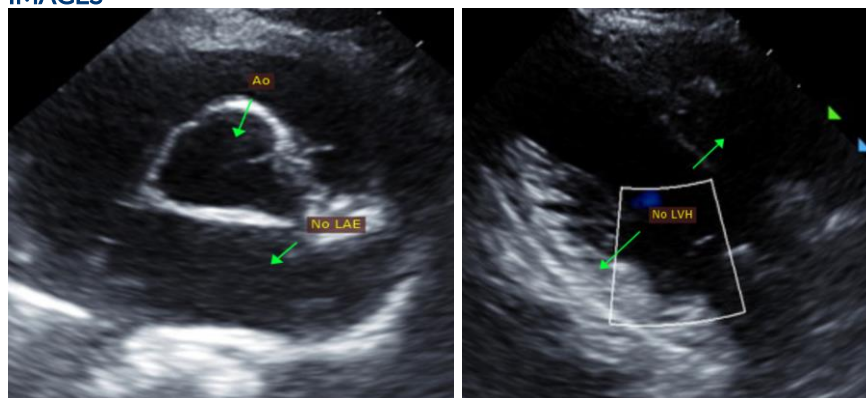
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Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**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)

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Hospital

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