


PATIENT

Maxie Freeto

SPECIES

Feline

BREED

DLH/Maine Coon

SEX

Male Neutered

AGE

15 years

WEIGHT

NP

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Advanced Pet Care of
 Nevada

REFERRING VET

Dr. Behrens

INVOICE

24705

DATE

6/10/22

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Elevated kidney values. Weight loss and inappetence. T4 poorly regulated.
 -BP: 104mmHg.
 -Pertinent previous echo findings (7/2021 MML): Borderline LVH, septal bulge. IVSd: 0.72, LVWd: 0.57. No LAE, LA: 1.3.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 160bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are borderline normal in dimension with a discrete septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. Mild papillary muscle hypertrophy. 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. Blood flow through both the LVOT and RVOT is laminar and normal in velocity. Trace MR. No evidence of cardiac tumors or effusions in this scan.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	NP	NM	0.73	1.36	0.58	58	91
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	1.3		1.2	0.84	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 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. The septal bulge is unchanged with borderline overall dimensions. The LA remains normal, indicating low risk for complication at this time. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.



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Given these findings, no medications are warranted. These findings are independent of clinical issues which should be further investigated. An uncontrolled thyroid can certainly lead to progressive cardiac disease over time; however, so far, the findings are stagnant.

SPECIES

Feline

Anesthetic risk is low if needed, however this patient is at elevated risk for IV fluid overload given the diastolic dysfunction and remodeling; judicious fluid rates are advised. Avoid heart rate stimulating drugs such as glycopyrrolate or atropine. No other specific restrictions are necessary.

BREED

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PLAN

Monitor BP/T4 every 6 months.

SEX

Male Neutered

Recommend recheck echocardiogram annually, if any associated clinical signs arise.

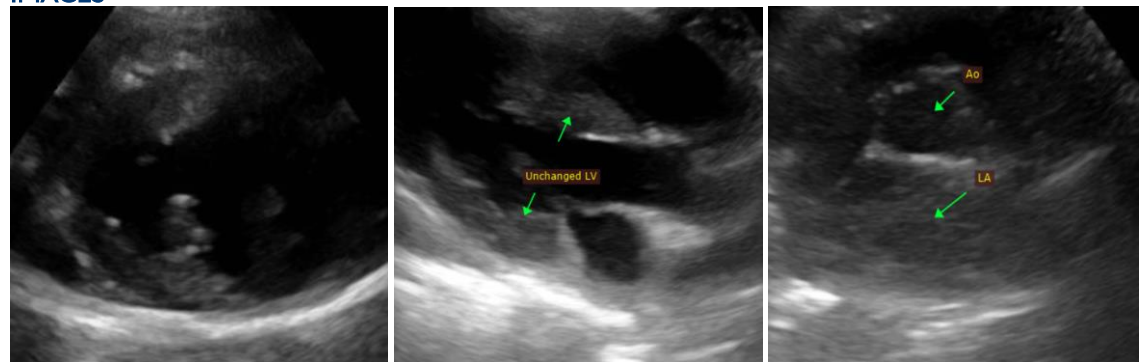
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Behrens

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com