



PATIENT

Winston Larkin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5.19.12

WEIGHT

11.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart Vetearinary
Hospital

REFERRING VET

Dr. Baumler

INVOICE

34143

DATE

6.19.23

PRESENTING CLINICAL SIGNS

History: Presents for second opinion for hypercalcemia. Calcium levels 13.5 and confirmed elevated on ionized calcium in April 2023 at prior vet hospital. All rest of labs NSF. No clinical signs at home. Had planned weight loss of 4lb over the course of 1yr and is maintained on k/d and RC renal support for hx of mild azotemia 1yr prior (since resolved). On examination a new heart murmur grade 3/5 bilateral parasternal identified. Has hx of stomatitis requiring all teeth extracted except lower canines and incisors and is FIV positive. 3view thorax rads showed normal thorax, however found incidentally an increased opacity in cranial abdomen, circular and mass-like effect on 5/23/23.

-Pertinent abnormal PE/Chem/CBC/UA (4/2023): labs: CBC – NSF. Chem - Calcium 13.5, ionized calcium 1.69, phosphorous 2.7, UA – NSF.

-Radiographs (5/2023): Showed normal thorax; however, found incidentally an increased opacity in cranial abdomen, circular and mass-like effect.

-Current medications: Hill's K/D wet diet & royal canin renal support dry diet.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

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 age-related fibrosis. Minimal remodeling. The papillary muscles are 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.1	180	0.46	1.6	0.49	52	90
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	1.1		0.9	1.0	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

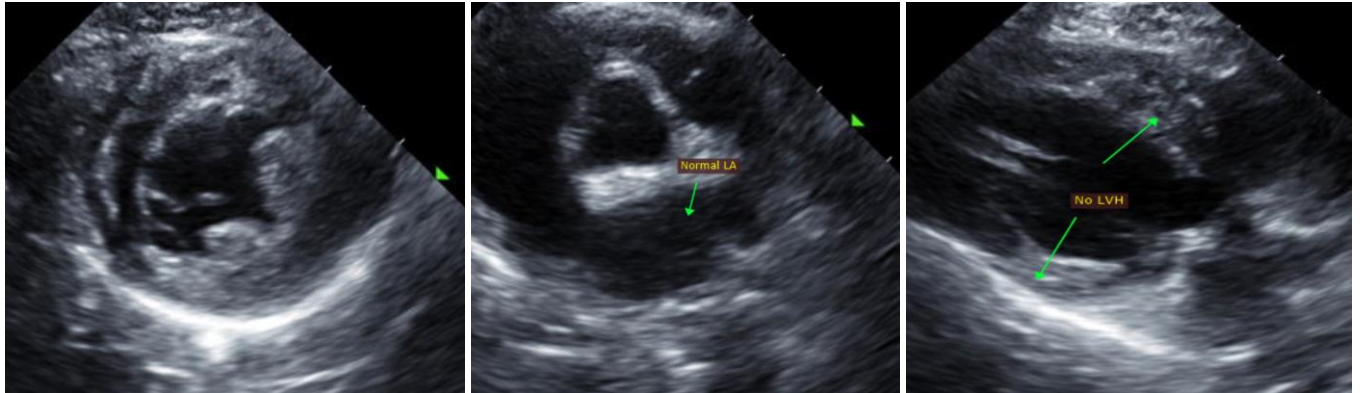
Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated.

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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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