



PATIENT

EJ Dudek Coleman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3.15.09

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Prime Care Animal
Hospital

REFERRING VET

Dr. Martin

INVOICE

24877

DATE

6.20.22

PRESENTING CLINICAL SIGNS

History: Recheck.

-Current medications: None.

-Blood pressure: 114mmHg.

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

-Pertinent previous ultrasound results: 12/2021 Intrapet. 2/8/2022 CVCA.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

Pertinent previous echo findings (CVCA 2/2022): IVSD 0.58cm LVPWd 064cm LA 1.5cm

Pertinent previous echo findings (MML 12/2021): IVSd 0.43 LVPWd 0.44cm LA 1.5cm

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of irregularity and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. Trace central MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. 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)	LVWd (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	5.3	NM	0.46	1.5	0.45	42	76
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA1.6 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	1.4		1.0	0.77	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

Findings are similar to the 2021 study, with suspicion for early unclassified cardiomyopathy. Despite reported mild hypertrophy in 2022, this is not apparent in my opinion. The wall thickness remains normal with mild LA dilation (unchanged from previous). Trace MR is unchanged as well, and no additional issues are identified.

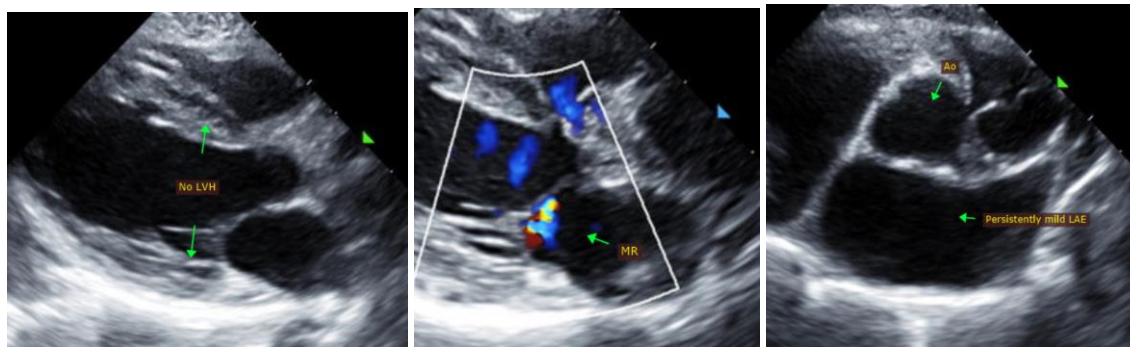
Prognosis remains guarded, as any cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Without progression compared to the prior study, there is no further risk for complication.

Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward. Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

PLAN

Recommend a recheck echocardiogram annually to screen for progression, 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.

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