



PATIENT

Lucy Humphries

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

9.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Dr. Kadasi

INVOICE

31460

DATE

6/20/23

PRESENTING CLINICAL SIGNS

History: Presented for vomiting/diarrhea/lethargy. Received supportive fluids / Cerenia, b12, convenia, dexsp. Started on short prednisolone taper and recovery food (pt ate well after meds given in hospital). Sedated with alfaxalone. Heart murmur (stable). Tense abdomen. BP: 146, 127mmHg.
-Radiographs: Showed possible abnormal shape in colon consistent with either gas or passing FB such as plastic (pt known to chew on inappropriate things in house), cannot r/o mass.
-Abnormal PE/Chem/CBC/UA Results: UA: bilirubinuria, cystitis, well concentrated; CBC NSF Chem: mild elev ALP and chol, rest NSF T4/fpl snap / probnp snap / triple snap = normal .

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. Trace 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.2	NM	0.53	1.15	0.42	45	80
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.0	0.6	0.7	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

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.). No evidence of fluid intolerance at this time.

Given these findings and a normal LA dimension, no medications are indicated.

No cardiac contraindication for general anesthesia. Even without signs of intolerance at this time, any senior cat can develop acute fluid overload with steroid and fluid therapy. Recommend monitor for intolerance (changes in RR/RE).



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

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

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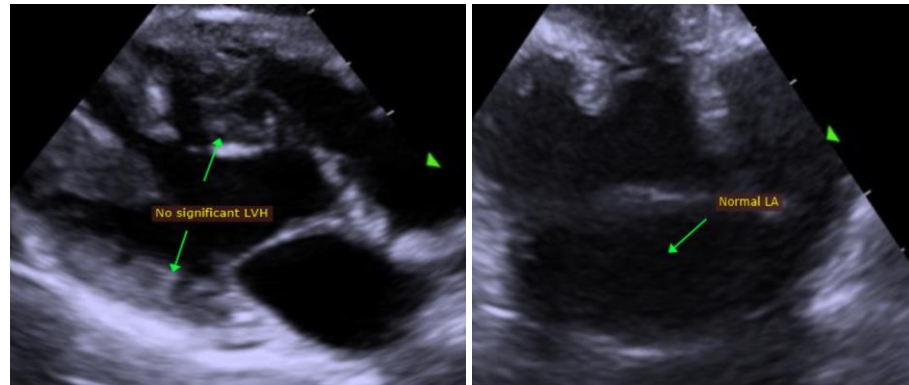
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IMAGES



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
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