



PATIENT

Frankie Durany

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

10.3lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
 Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

24962

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Chronic heart murmur. History of hyperthyroidism, treated with I131 treatment in December. Recently normal. Acute anorexia. Ascites noted on AUS. History of stage 2 CKD.
 -Current medications: Furosemide 9mg IV yesterday
 -Abnormal PE/Chem/CBC/UA Results: Creatinine 2.7 (0.6-2.4), amylase 1405 (100-1200) -precision PSL 28 (8-26). neutrophilia 10700 (2500-8500) monocytosis 670 (0-600) TT4- 0.5 (0.8-4).

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 188bpm with a regular rhythm. P for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis and ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear 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. There is no mitral regurgitation present. Mild tricuspid regurgitation identified. Normal TR velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

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	4.7	NM	0.4	1.25	0.4	52	86
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	1.3	1.2	1.2	0.6	1.2	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

The only abnormality identified is mild tricuspid regurgitation. TR in cats is most often physiologic, with little progression or clinical relevance. There is also a fair amount of remodeling and fibrosis of the left ventricular wall which are likely age-related changes. Both atria are



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normal, indicating low risk for complication. No additional issues are identified. No evidence of thyrotoxic cardiomyopathy at this time. The ECG is unremarkable with a normal sinus rhythm.

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These findings would suggest the ascites is certainly noncardiac in origin. Further systemic evaluation is advised. Lasix can be safely discontinued.

No cardiac contraindication for anesthesia at this time.

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No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

SEX

Male Neutered

Recommend recheck echocardiogram in 12 months to screen for progression.

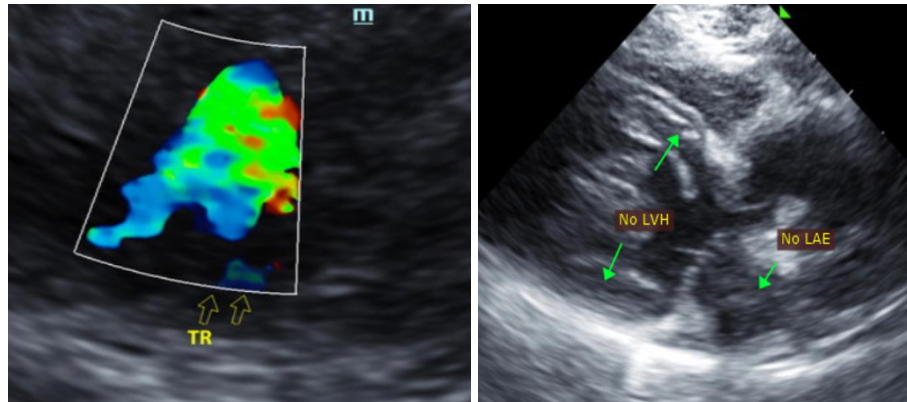
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Arpaia

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.

INVOICE

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

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