



PATIENT PRESENTING CLINICAL SIGNS

Scarf Lizotte

History: Cough. ProBNP is normal. Assess prior to anesthesia. No murmur. Gabapentin for sedation. -Radiographs: Severe cardiomegaly, cardiac silhouette a little irregular. Lung fields appear clear.

SPECIES RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Feline

Globoid cardiomegaly with concern for PPDH. No obvious evidence of CHF.

BREED ECHOCARDIOGRAM FINDINGS

DLH

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are mildly remodeled and hyperechoic. The LV is mildly dilated with adequate function. The left atrium is mildly dilated. The right atrium and ventricle are subjectively mildly dilated. The mitral valve is normal in structure and mobility. No MR or TR. Blood flow through both the LVOT and RVOT is normal in velocity. Hepatic tissue within the pericardial space (see below). No pleural or significant pericardial effusion seen. No obvious cardiac tumors.

SEX

Female Spayed

AGE CARDIAC CHART

3 years

WEIGHT

7.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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	3.5		0.37	1.9	0.37	37	66
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	1.37	1.4	1.4		1.1	0.5	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.

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP

HOSPITAL NAME

Scanvet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is a pericardial peritoneal diaphragmatic hernia (PPDH). In the absence of trauma, this is most commonly a congenital issue. Often congenital hernias are incidental findings in cats, with the majority causing little clinical issue. Of some concern, all 4 chambers do appear mildly enlarged. While mild right heart enlargement can develop secondary to compression by the liver, the left heart changes may suggest early primary myocardial disease. Simple monitoring is advised. No additional issues are identified.

REFERRING VET

Dr. Sheridan

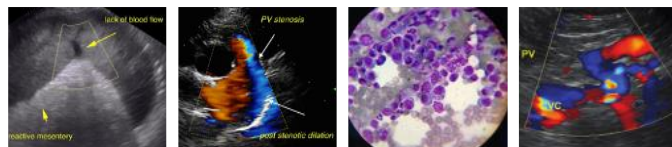
INVOICE

31560

In this cat, the cough may or may not be related to this finding. Certainly the hernia is causing compression of the airway/pulmonary tissue; however, this is likely unchanged from birth. Symptomatic treatment with cough suppressants, a course of Azithromycin, etc. may be useful depending on significance of the symptom.

DATE

6/27/23



PATIENT

Scarf Lizotte

Referral for advanced diagnostics is recommended to fully understand the patient's anatomy and possible compressive issues (CT/MR). Surgical correction may be an option if the issue is the cause of clinical signs.

SPECIES

Feline

My recommendation is if further imaging is elected to perform this prior to proceeding. If declined, consider referral to a facility with an anesthesiologist as the gold standard. If both are declined, utilizing cardiac protective medications (such as opioid/ benzodiazepine premedication, propofol or alfaxalone induction, isoflurane maintenance) and avoiding vasodilators is recommended. Close monitoring of BP/HR and perfusion/oxygenation status is recommended.

BREED

DLH

No cardiac specific medications are indicated at this time. Prognosis is guarded.

SEX

Female Spayed

A recheck echocardiogram is recommended in 6-12 months.

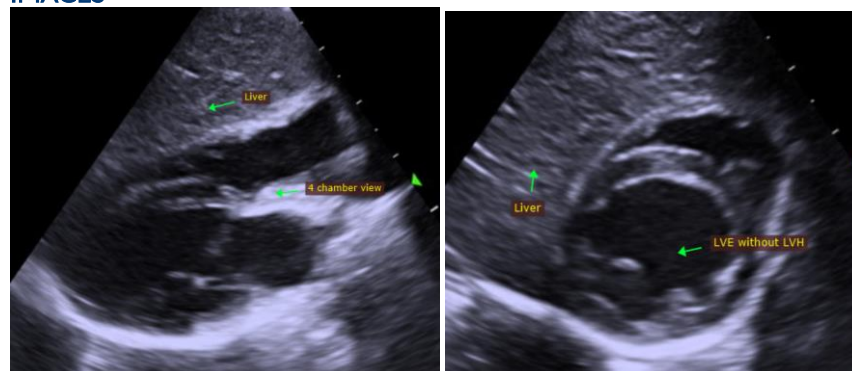
AGE

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7.8lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

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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HOSPITAL NAME

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REFERRING VET

Dr. Sheridan

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