

**PATIENT**

Baby DaVenport

SPECIES

Feline

BREED

Scottish Fold

SEX

Female Spayed

AGE

3.1.05

WEIGHT

5.8lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Perry Hall Animal
Hospital**REFERRING VET**

Dr. Hataigiannakis

INVOICE

25021

DATE

6.28.22

PRESENTING CLINICAL SIGNS

History: Hypertension 4/4/2022 systolic 200-210 mmHg. Hyperthyroidism that is well controlled on y/d diet management. Murmur has developed since then, 3/6 sternal. Has improved on amlodipine but still in 170 mmHg range.

-Pertinent abnormal PE/Chem/CBC/UA Results: Labs NSF.

-Current medications: amlodipine 2.5 mg 1/2 po bid. Initially started 1/4 po bid 4/2022 and have - increased with rechecks.

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a sigmoid septum that measures mildly thick. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity, although a dynamic LVOTO is suspected on 2D/color flow. Trace AI. No pleural or pericardial effusion seen. 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>	LWVd (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	2.6	NM	0.62	1.5	0.40	65	94
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	1.4	1.2		1.2	1.1	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

Essentially normal cardiac structure and function. There is remodeling and fibrosis of the left ventricular wall with an irregular appearance and septal bulge/sigmoid septum. This finding does not correlate closely to disease; however, follow up is advised in case global hypertrophy ensues. At this time there is no evidence of elevated left atrial pressure. The murmur is due to an intermittent dynamic LVOT obstruction, likely secondary to the sigmoid septum. Given these findings, no medications are indicated.

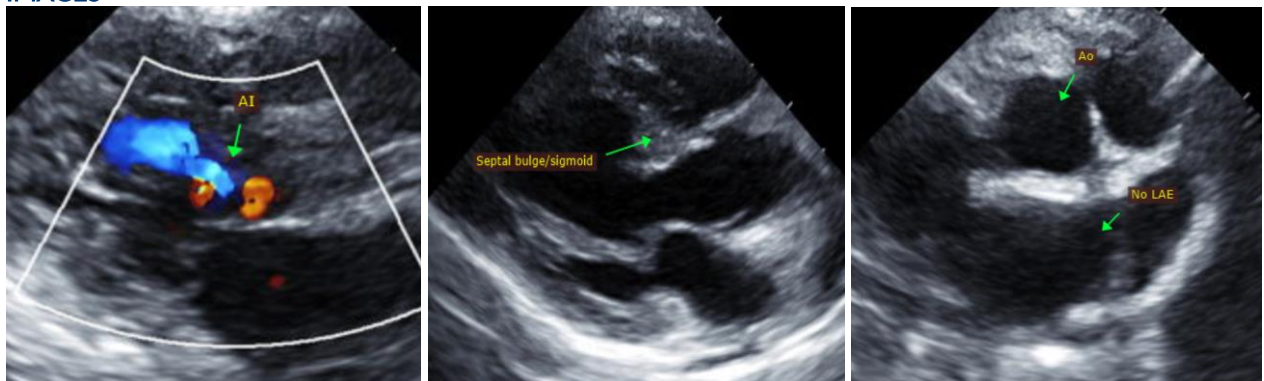
A small aortic leak is noted, which is not surprising given the history of systemic hypertension. Continued monitoring/treatment/evaluation of SHT is advised with a target stressed BP of <160mmHg. Consultation with an IM specialist may be beneficial if difficult to control.

Prognosis is guarded prior to assessing for progression. Patient may be at risk for development of clinical signs in the future.

Anesthetic risk is considered mild. Any cat with remodeling and diastolic stiffening carries an elevated risk for fluid overload and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

Recommend recheck echocardiogram in 1 year 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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