



PATIENT

Medusa Krysa

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

14 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Pelzer

INVOICE

25031

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Presented for mild hind limb unsteadiness/weakness. Heart murmur gallop, grade 3-4/6. History of hypertension, recently relapsing. BP: 167mmHg. History of suspect retinal detachment with initial episode of hypertension in February that has improved. Due to patient becoming fractious was only able to complete about half of the scan.

-Abnormal PE/Chem/CBC/UA Results: CBC: mildly decreased HCT at 29.7%, RBC normal at 8.58; Chem: only abnormalities hypokalemia at 3.1 (3.5-3.8) and increased globulins at 5.3 (2.8-5.1).
-Current medications: Amlodipine 1.25mg q24h, Miralax BID.
-Sedation: Torb.

ECHOCARDIOGRAM FINDINGS *Only right-sided images obtained due to lack of patient cooperation.

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. No TR. Blood flow through the RVOT is normal in velocity. No obvious SAM on 2D or color flow imaging. 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>	LWVd (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	6.2	170	0.53	1.47	0.51	50	92
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	1.2	1.3		NM	0.84	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

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 definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated.

It is worth noting that due to a reported lack of cooperation, some standard images were unable to be obtained. Fortunately what is seen here carries low suspicion for additional issues (ie normal LA, no LVH, etc). In the future, highly recommend oral Gabapentin prior to presentation, with use of butorphanol +/- alfaxalone for sedation as needed.

IMAGING PERFORMED BY

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PATIENT

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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

SPECIES

Feline

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

BREED

DLH

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

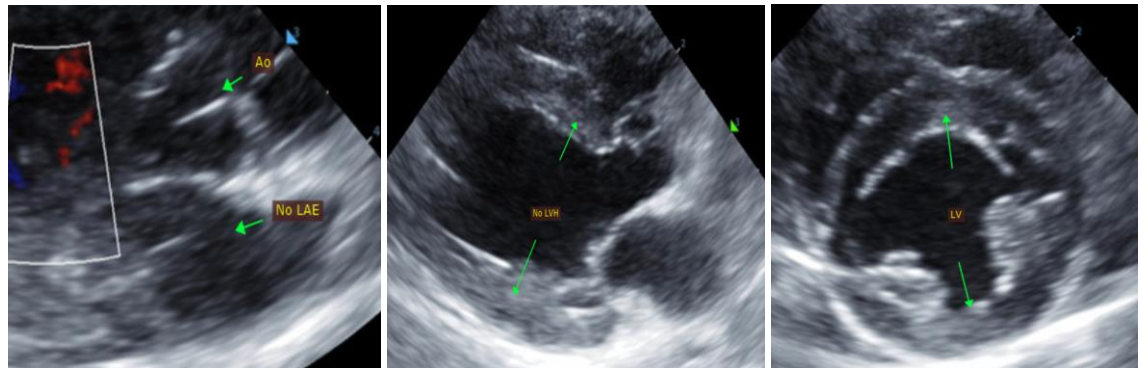
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IMAGES



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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Thank you for this referral. 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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