


PATIENT

Nala Fendley

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

9y

WEIGHT

2.6kgs

PRESENTING CLINICAL SIGNS

History: Nala has decreased appetite and is hiding at home. Indoor, single cat household that has very occasionally escaped outdoors at times. Not accepting her treats as usual. Dental disease. Grade 2/6 heart murmur. Generalized muscle wasting, very thin. No current meds. Abnormal PE/Chem/CBC/UA Results: WBCs 17.26 (17.02) Neuts 13.59(10.29) Monocytosis, Low creatinine 65(71-212) low urea 3.8(5.7-12.9) U/A by cysto -Sp. grav greater than 1.050, pH 6.5, protein 30mg/dl, ketones 50mg/dl, blood 250, RBCs greater than 50/hpf, non squamous epith cells 1/hpf no crystals or bacteria.FELV/FIV negative, spec fPL normal.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. The cardiac silhouette is obscured. Pleural effusion.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular, with a focal septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. Trace TR. 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. Small volume pericardial effusion seen. Large volume pleural effusion. No obvious cardiac tumors.

CARDIAC CHART
INTERPRETED BY

 Maggie Machen
 Lamy, DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, CVT

HOSPITAL NAME

 Hamilton Regional
 EVC

REFERRING VET

Dr. Rubino

INVOICE

31596

DATE

6/28/23

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	2.6	211	0.5	1.2	0.40	46	82
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	1.5	1.2	1.2	0.5	1.0	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 cardiac structure and function. The LV wall thickness is largely normal with a focal septal bulge. Follow up is advised. Regardless, there is no evidence of elevated left or right atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. Serial echocardiography will be necessary to determine progression. Additionally no cause for the murmur is identified in this study, making it likely physiologic in origin (ie secondary to tachycardia, volume changes, etc).



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These findings would suggest pericardial/pleural effusion and current clinical signs are non-cardiac in origin. Immediate fluid sampling is recommended for both therapeutic and diagnostic purposes in addition to a Radiologist review of the films.

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Given these findings, no medications are indicated.

BREED

DMH

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

SEX

FS

Plan: Immediate thoracocentesis, CXR review.

AGE

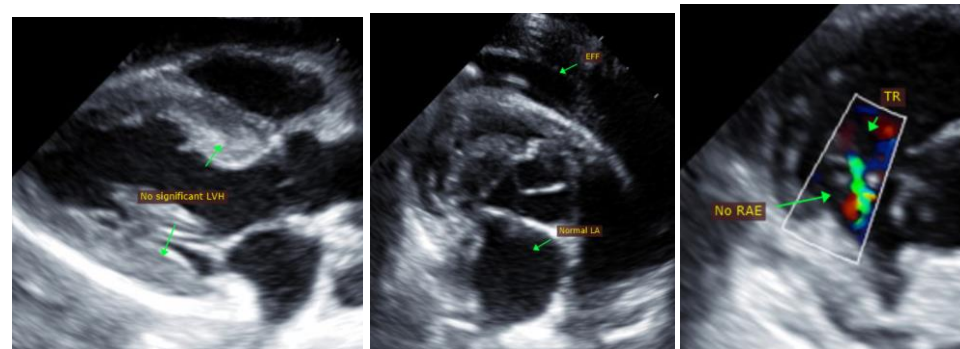
9y

Recommend recheck echocardiogram in 1 year to reassess murmur origin, and screen for development of disease the pre-existing murmur may mask.

IMAGES

WEIGHT

2.6kgs



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

Crystal Hill, CVT

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.

HOSPITAL NAME

Hamilton Regional EVC

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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