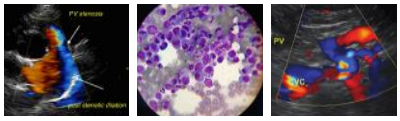
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Speedy Pilska

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
6.12.15

WEIGHT
9.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Frederick Road Veterinary Hospital

REFERRING VET
Dr. Cannon

INVOICE
31598

DATE
6.28.23

PRESENTING CLINICAL SIGNS

History: Speedy has a history of chronic GI problems and last year's ultrasound was suspicious for IBD with less likely possibility for emerging lymphoma. Routine lab work shows a new elevation of his calcium which is causing concern for possible hypercalcemia of malignancy especially in light of his history. He also has a new elevation of ProBNP, although no cardiac abnormalities can be heard on exam.
-Pertinent abnormal PE/Chem/CBC/UA Results: New hypercalcemia 11.8; BNP: 450
-Current medications: No previous.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

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 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. The right ventricle appears normal. The mitral valve is normal in structure with intermittent SAM suspected. Mild MR. Blood flow through the RVOT is normal in velocity. Flow through the LVOT is normal on spectral doppler; however, an intermittent obstruction is suspected. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	NM	0.42	1.3	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	NM	1.4	1.2		1.2	1.6	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

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. Serial echocardiography will be necessary to determine progression. The only abnormality identified is a suspect intermittent LVOT obstruction with secondary MR. This appears benign in light of no LVH. Follow up is recommended, as this may be evidence of early HOCM. Given these findings, no medications are indicated.

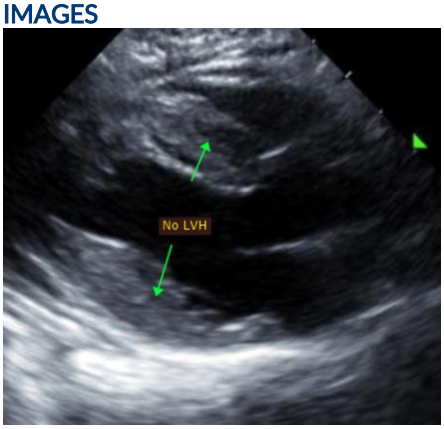
Consider ruling out ancillary causes of BNP elevation, such as elevated blood pressure or renal insufficiency.

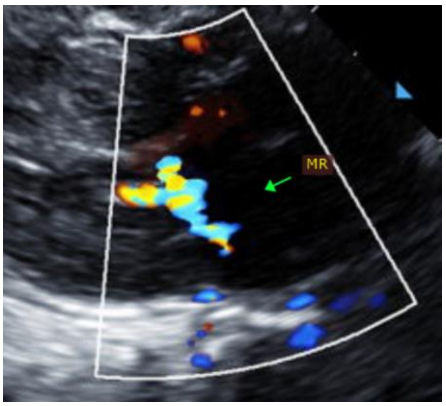
Prognosis is open prior to assessing for progression.

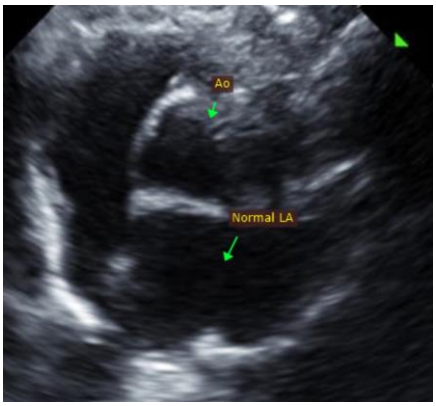
Anesthetic risk is considered mild. With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. 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.

Recommend recheck echocardiogram in 1 year to screen of 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.

Maggie Machen Lamy, DVM
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