
**PATIENT**

Miko Munroe

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

12.4lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 Headon Forest  
 Animal Hospital

**REFERRING VET**

Dr. Hall

**INVOICE**

25251

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

History: Progressive cough for the past year. PE: unremarkable.

-Abnormal PE/Chem/CBC/UA Results: CBC reveals moderate eosinophilia, biochem WNL, USG 1.027 suspect from not full bladder, urine WNL, no hematuria. mild elevation in ProBNP (147:0-100) felv/fiv/HWag neg A:eosinophilia likely secondary to feline bronchiolar disease/allergic airway disease, less likely HW. Mild increase in ProBNP-concentration is compatible with increased stretch and stress on the myocardium.

-Radiographs (06/30/2022): Mild increase in heart size VHS 8.11. Possible bullae left lung field. Mild bronchiolar pattern consistent with feline asthma.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild LV dilation. Borderline LV dysfunction. Remodeled, mildly hyperechoic papillary muscles. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	5.63	160	0.56	1.78	0.57	39	72
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 (m/s)	RVOT VEL (m/s)	E max (m/s)	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	1.4	1.5	1.35	1.0	0.7	NM	
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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**

Mild abnormalities are identified including mild LA and LV enlargement. No evidence of significant hypertrophy ruling out typical hypertrophic disease. The LV function is mildly depressed as well, likely supporting a primary myocardial issue. These abnormalities may suggest early unclassified/restrictive disease; however, monitoring for progression is advised.

Even with pathology seen here, there is no cardiac contribution to the respiratory signs. Consider a course of Azithromycin, anti-inflammatory steroids, etc. depending on clinical picture.



**PATIENT**

Miko Munroe Given these findings, no medications are indicated as risk for complication at this time is low. Prognosis is guarded long-term until progression is assessed.

**SPECIES**

Feline Anesthetic risk is considered mildly elevated if needed, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

**BREED**

Siamese Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

**SEX**

Male Neutered A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any issues arise in the interim.

**IMAGES**

**AGE**

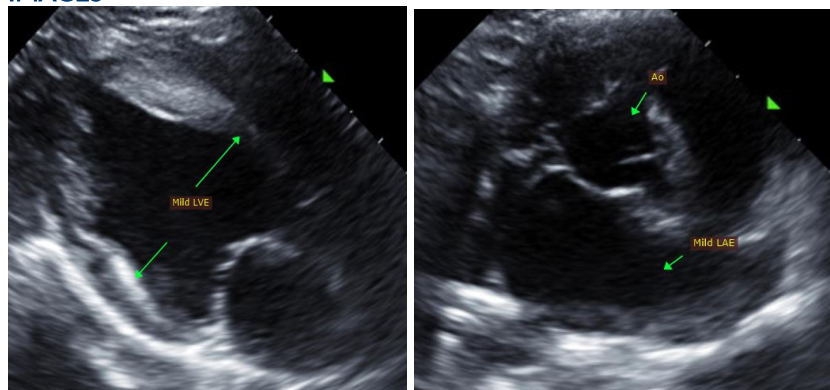
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**WEIGHT**

12.4lbs

**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, RVT

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.

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

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