



PATIENT

Ace Kitty Lippy

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5.13.10

WEIGHT

13.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Timonium Animal
Hospital

REFERRING VET

Dr. McMichael

INVOICE

31791

DATE

7.11.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Lethargy. Anorexia. Significant changes to lungs on radiographs. h/o asthma. Cardiac silhouette appears enlarged.

-Current medications: apoquel EOD for atopy. Convenia, cerenia, Doxycycline.

-Sedation used: Patient sedated with Gabapentin.

-Pertinent previous ultrasound results: 11/15/22 MML: borderline LVE, mild LAE, trace MR/TR, trivial PCE; LV 1.8, LA 1.5

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

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 endocardium also appears remodeled. Borderline LV dilation. Remodeled, mildly hyperechoic papillary muscles. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. Trace TR. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No pericardial effusion. No pleural effusion. No 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>	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	6.1	158	0.49	1.8	0.50	60	91
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)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.5	1.0	0.93	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

Compared to the prior study, findings are similar. The LA and LV are mildly enlarged; however, unchanged from previous. The wall thickness remains normal with remodeling, and no additional issues are identified. Prognosis remains guarded; however, a lack of progression is a good sign.

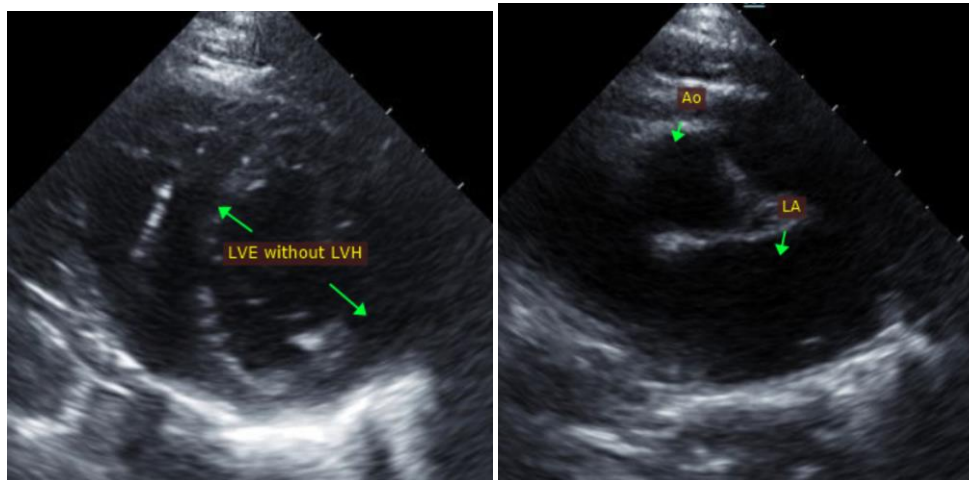
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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

No cardiac medications are clearly indicated.

A recheck echocardiogram is recommended in 6-12 months to screen for progressive LA dilation, sooner if any issues arise in the interim.

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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