



PATIENT

Priscilla Sammies
Friends

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

~11 years

WEIGHT

5.4lbs; 2.4kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Janeway

INVOICE

25306

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: Long-term foster cat. Recent anorexia and weight loss. Tremors and ataxia, hyperthyroidism and chronic renal disease. Chronic bradycardia on PE.

-Current medications: On SC fluids 75 cc SC SID, Benazepril 5mg 1/4TSID, methimazole ½ T BID, Cerenia and mirtazapine

Abnormal PE/Chem/CBC/UA Results: Increased Alb @ 4.3 g/dL, increased A/G ratio @ 1.6, azotemia with BUN @ 57 mg/dL, Creatinine @ 2.9 mg/dL, elevated Ca level @ 11.2 mg/dL, hyponatremia @ 139 mEq/L, hypokalemia @ 2.6 mEq/L, elevated Na/K ratio @ 53, hypochloridemia @ 103 mEq/L, elevated serum amylase @ 1,362/uL, mild mature neutrophilia @ 11,500/uL, T4 WNL @ 1.3 ug/dL, urine SpGr decreased @ 1.013, 1+ proteinuria, but trace hematuria noted (suspected traumatic stick).

-CXR report: Mild cardiomegaly.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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 obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. 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)	LWVd (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	2.4	NM	0.42	1.46	0.47	57	92
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	1.2	1.1		1.1	0.8	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 normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated.

These findings would suggest no cardiac contribution to the current clinical issues is suspected. Bradycardia is noted throughout the study; however, no further information can be provided



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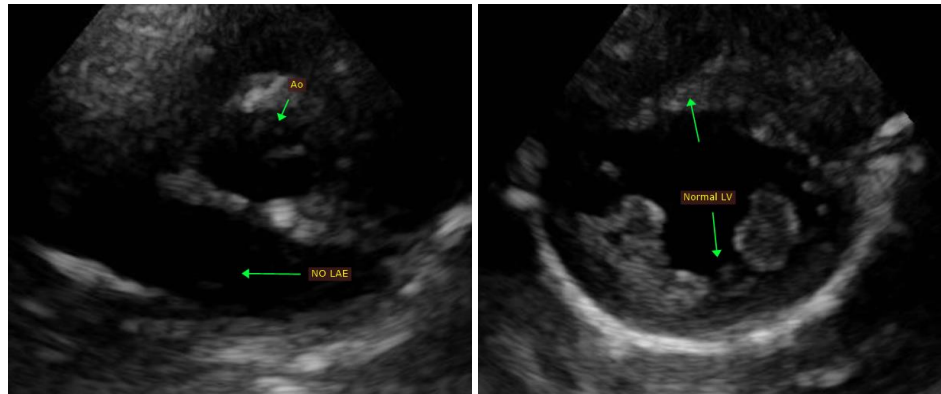
7/13/22

without an ECG. Possibilities include true sinus node dysfunction versus AV block versus high vagal tone (suspected given the history). Follow up is advised.

Anesthetic risk is considered mild. With 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 assess for any progressive issues.

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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