



PATIENT

Bella Blair Welch

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

13.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Chippawa Animal
Hospital

REFERRING VET

Dr. Dowell

INVOICE

25334

DATE

7/14/22

PRESENTING CLINICAL SIGNS

History: History of being overweight, has had a few episodes of "falling over" but also seems painful at times. Resents full extension of hind limbs. Owner noted in May she is slowing down a bit. Bloodwork revealed elevated T4. High Blood pressure noted off and on. Has been on Methimazole, Cartrophen and Codeine transdermal. Consistently tachycardic. BP: 203/88 MAP 124 HR 218.
-Abnormal PE/Chem/CBC/UA Results: Spec FPL normal, RBCs high, Retics high, Hemoglobin high.

ECHOCARDIOGRAM FINDINGS * Visualization is limited due to patient conformation.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension with regions of irregularity. 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 borderline 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 mitral 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)	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	6.0	250	0.54	1.27	0.55	42	76
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	1.3	1.35		0.96	1.1	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The LV wall thickness is borderline normal which may be a normal variant or may be secondary to hyperthyroidism or hypertension in this cat. The left atrium is borderline, indicating low risk for complication. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal age-related variant. Serial echocardiography will be necessary to determine progression.

These findings do not clearly explain current clinical signs and systemic/orthopedic issues are considered more likely. Tachycardia is noted in the history and persists throughout the study. While suspected to be sinus in origin, an ECG should be considered.



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The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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Given these findings, no medications are indicated.

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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.

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PLAN

Consider alternative explanation for current clinical signs. Reassess BP as discussed. ECG is recommended.

WEIGHT

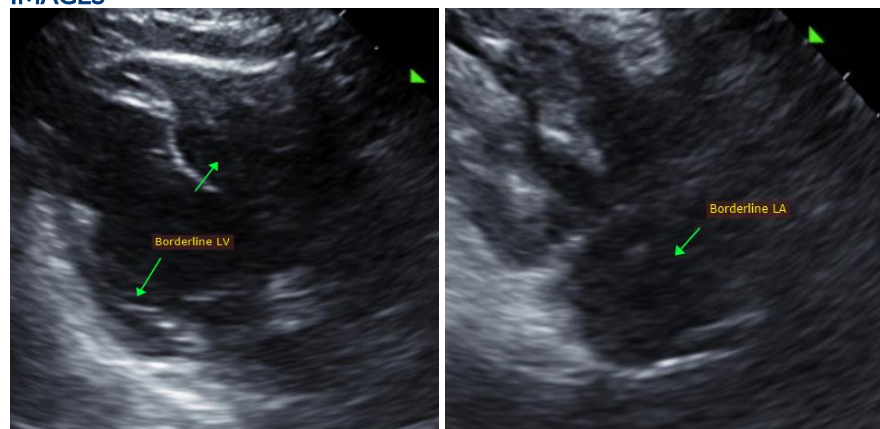
13.2lbs

Recommend recheck echocardiogram in 6 months to screen for any progressive changes.

IMAGES

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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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