



PATIENT PRESENTING CLINICAL SIGNS

Levi Hulshizer History: Episode of disorientation, IBD. Normal BNP. Obese.
-Current medication: Tylan, B12, Atenolol.

SPECIES RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Normal cardiac silhouette. No obvious evidence of CHF.

Feline

BREED ECHOCARDIOGRAM FINDINGS

DSH 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with borderline dimensions overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled 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 MR or TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors. Exuberant soft tissue noted throughout the thorax and pericardial space.

SEX

Male Neutered

CARDIAC CHART

AGE

14 years

WEIGHT

14.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Community VP

REFERRING VET

Dr. Hulshizer

INVOICE

31939

DATE

7/19/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BP M)	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- 10 0
PATIENT	6.5	208	0.56	1.3	0.54	54	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)	LVOT VEL (m/s)	RV OT VEL (m/s)	E max (m /s)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.2	1.2	1.3	1.3	N	

**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

The only abnormality identified is borderline LV wall thickening, which may be indicative of early hypertrophic disease or may simply represent a normal variant. A baseline BP and T4 are recommended as possible contributing issues. Pseudohypertrophy can also have this appearance and the patient's volume status should be considered. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Exuberant soft tissue is noted throughout the thorax and pericardial space, which is consistent with fat disposition. No obvious tumors or other abnormalities are identified; however, this differentiation is difficult on 2D ultrasound.



PATIENT

Levi Hulshizer

Given a normal LA dimension, no medications are indicated. Additionally, this would rule out a cardiogenic cause for reported disorientation. An ECG should be considered if the issue persists.

SPECIES

Feline

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future. No obvious contraindication for steroid use at this time.

BREED

DSH

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

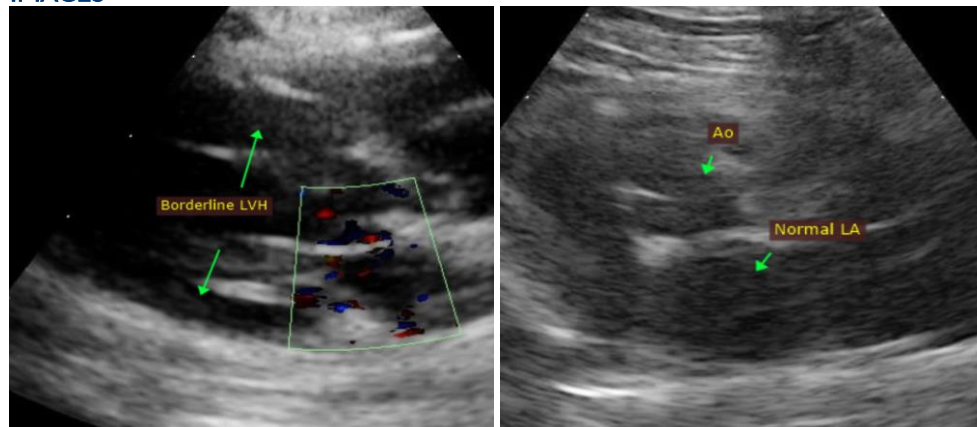
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

Thank you for this referral. 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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