

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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PATIENT

Peggy Sternberg

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5.1.03

WEIGHT

8.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

25444

DATE

7.20.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. Elevated ProBNP.

-Current medications: Mometamaz 7.5g 2-4 drops left ear SID, Tresaderm 7.5mL 3 drops AU BID x7 days, Prednisolone 5mg ½ SID, Felimazole 2.5mg BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (12/2020 MML): Normal with remodeling, unknown murmur.

-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 mildly hyperechoic endocardium consistent with fibrosis. The endocardium/papillary muscles appear mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal in size. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No obvious valvular regurgitation is seen. No evidence of cardiac tumors on this scan. No pericardial or pleural effusion 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 (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.7	NM	0.50	1.1	0.50	41	77
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	1.1	1.0		0.7	0.7	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

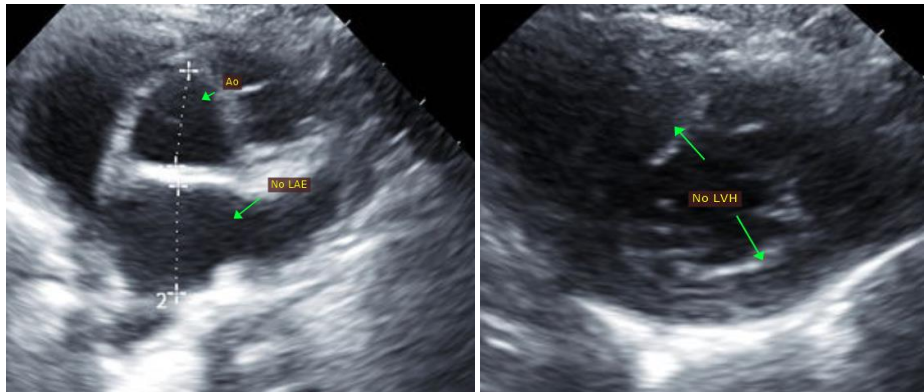
Persistently normal cardiac structure and function. Compared to the prior study, there is no progression in LV dimensions or LA enlargement suggesting this is likely normal for this cat. The murmur remains benign in origin without an obvious cause. No additional issues are identified.

These findings suggest chronic ProBNP elevation is either a normal variant or secondary to an alternative issue, such as hypertension. A blood pressure is recommended in any senior cat.

Anesthetic risk is considered mild. With this degree of 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.

Recommend recheck echocardiogram annually, sooner if clinical signs arise.

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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