


**PATIENT**

Keanu Marcotte

**PRESENTING CLINICAL SIGNS**

 History: Recheck echo. No medications.  
 -Pertinent previous echo findings (9/2021 MML): Mild PW thickening: 0.69cm, LA: 1.2.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS** \*Image quality limited by patient conformation.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mildly increased free wall dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**BREED**

DSH

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

4 years

**WEIGHT**

17.3lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.8	230	0.49	1.4	0.63	65	95
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.3	1.2	1.3		1.6	1.0	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.							

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Halton Peel Animal Hospital

**REFERRING VET**

Dr. Walters

**INVOICE**

25520

**DATE**

7/25/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While visualization is limited in this study, there is no obvious evidence of progression. The LV remains asymmetric and mildly abnormal. The LA is normal, and no additional issues are identified.

Given these findings, no medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this



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case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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**PLAN**

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

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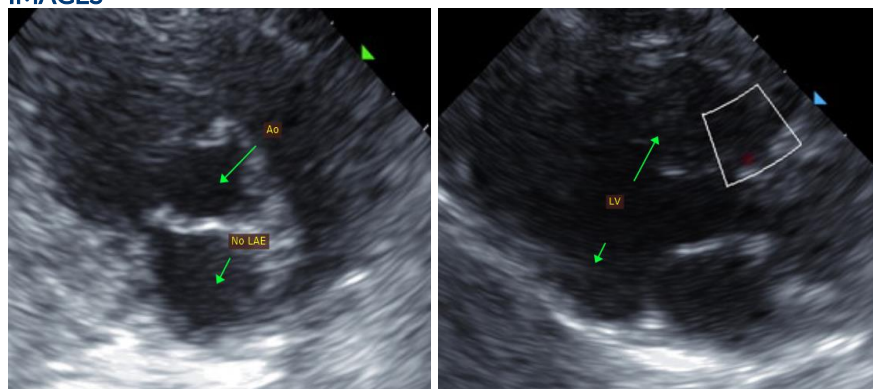
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**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

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