


**PATIENT**

Toby Simpson

**PRESENTING CLINICAL SIGNS**

History: Seen for weight loss and quick shallow breathing. M2 dehydrated. No arrhythmia noted. Thoracocentesis done - Red, cloudy, Sp. Grav 1.028, Protein 52, WBCs 510, RBCs 1000. Normal Temp.

**SPECIES**

Feline

 -Abnormal PE/Chem/CBC/UA Results: Bloodwork: PCV 35.99, ALT normal, T Bili less than 2.  
 -Radiographs: Showed solid growth in lungs with some effusion.

**BREED**

DSH

**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 pericardial effusion seen. Small pockets of pleural effusion contrasting exuberant heterogenous abnormal soft tissue within the thoracic cavity.

**AGE**

8 years

**CARDIAC CHART**
**WEIGHT**

13.3lbs

**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>	LVWd (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	6.04	166	0.41	1.2	0.40	52	87
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	1.0	1.1	1.0		0.6	0.7	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**

Millen Road Animal Hospital

**REFERRING VET**

Dr. Sandhu

**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 cardiac medications are indicated.

**INVOICE**

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The pulmonary fields seen in this scan are highly abnormal with pockets of pleural effusion and abnormal tissue. Given these findings and brief CXR comment, further evaluation is certainly advised (ie a focused thoracic scan, FNA sampling and/or thoracic CT, etc) pending cytology results.

**DATE**

7/27/22

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.



**PATIENT**

Toby Simpson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

13.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

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Millen Road Animal  
Hospital

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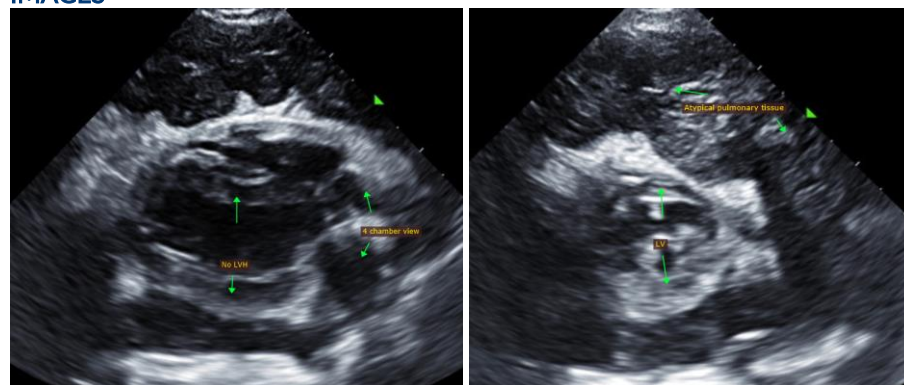
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Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience 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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