



PATIENT

Prissy Hutt

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4.19.07

WEIGHT

8.22lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Fullerton Animal
Hospital

REFERRING VET

Dr. Unger

INVOICE

25150

DATE

7.5.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented on 6/30 for not eating well and not acting herself. O notes history of coughing which has seemed worse over the past few weeks. O also has changed food and seems to have helped appetite. O notes some increased effort in breathing. Has a history of hyperthyroidism and is on methimazole 2.5 mg daily. was sent to the ER after chest radiographs revealed pleural effusion and consolidation cranial lung fields. Was treated with O2 and given Furosemide and amlodipine and showed improvement

-Radiographs: Show pleural effusion and consolidation cranial lung fields with right side worse, bronchial pattern.

-Current medications: Methimazole 2.5mg SID, Lasix 12.5mg 1/2 T TID, Amlodipine 2.5mg 1/4 t SID.

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

-Pertinent previous ultrasound results (2/2022 MML): Irregular LV, no LA or RAE.

-STAT: Requested by DVM

-Imaging performed by: Andi Parkinson, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of borderline thickening. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are 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. Trace MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through the RVOT is normal in velocity. Mildly increased LVOT velocity. No effusions. No obvious cardiac tumors.

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 | 190 | 0.55 | 1.2 | 051 | 62 | 94 |
| 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 | 1.1 | 1.2 | | 2.2 | 1.6 | 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

Overtly normal cardiac dimensions and function persists in this study. The LV remains irregular with regions of borderline thickening. The LA and RA are both normal, indication low risk for complications. Finally, an intermittent LVOTO is suspected, which may cause a soft murmur depending on heart rate/volume status. No additional issues are identified.

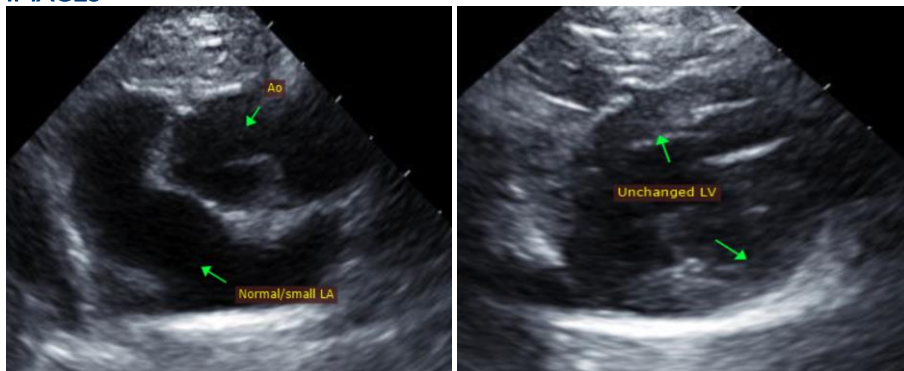
Interestingly, the history from the February study also mentioned pleural effusion which was deemed noncardiac in origin. This remains the presumptive conclusion given a lack of structural disease. Consider sampling, advanced imaging, etc. for further evaluation. A Radiologist review of the films is strongly recommended, particularly given serial studies. No indication for continued Lasix or Amlodipine at this time and both can be discontinued.

No cardiac contraindication for general anesthesia based upon what is seen here. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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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