



## PATIENT

Remy Armour

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

13 years

## WEIGHT

9lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

T.Tenorio, DVM

## HOSPITAL NAME

Wauwatosa  
Veterinary

## REFERRING VET

Dr. Haynes

## INVOICE

25171

## DATE

7/6/22

## PRESENTING CLINICAL SIGNS

History: Examined at ER clinic on 6/20 for respiratory distress/wheezes. Thoracic radiographs- feline asthma suspected. Symptoms improved with oxygen, dexamethasone. P dispensed prednisolone 2.5mg PO every 12 hrs. follow up exam 6/27-finding WNL. Post exam P began to hypersalivate, became tachypneic and vomited. Tachypnea resolved with oxygen.

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

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. 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. No MR. The tricuspid valve appears normal in structure and mobility. Trivial TR. Blood flow through both the LVOT and RVOT are normal in 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	NM	0.46	1.4	0.46	62	93
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	1.2	1.1		1.0	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.*

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. Given these findings and a normal LA dimension, no medications are indicated.

These findings would certainly suggest the respiratory issues are noncardiac in origin. No pulmonary hypertension is noted; however, follow up is advised should any syncope be noted in the future.



**PATIENT**

Remy Armour

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

**SPECIES**

Feline

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

**BREED**

DSH

Recommend recheck echocardiogram in 1 year to screen for any progressive issues, sooner if a murmur or clinical signs arise.

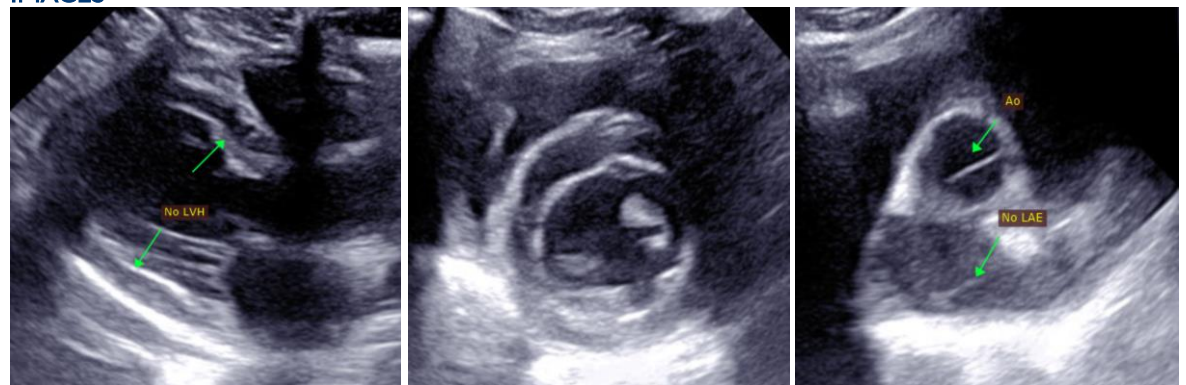
**SEX**

Male Neutered

**AGE**

13 years

**IMAGES**



**WEIGHT**

9lbs

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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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**

T.Tenorio, DVM

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