



## PATIENT

Lucky Thorsrud

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

16 years

## WEIGHT

15.5lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Romero

## HOSPITAL NAME

Midtown Veterinary  
Medical Center

## REFERRING VET

Dr. McCarthy

## INVOICE

31740

## DATE

7/9/23

## PRESENTING CLINICAL SIGNS

History: History of hyperthyroidism that has been well controlled with methimazole. Renal disease. ProBNP>1500. No murmur. Assess prior to dental. BP: 154mmHg

## 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 fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.1	NM	0.49	1.7	0.52	50	84
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	2.0	1.6	1.5		NM	0.9	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

The only abnormality identified is mild LA dilation. Early unclassified disease is suspected in light of BNP elevation (UCM). The LV is mildly remodeled without hypertrophy, ruling out typical hypertrophic disease. Flow through the great vessels is normal and no additional issues are identified.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Prognosis is guarded prior to assessing rate of progression.

Anesthetic risk is considered mild at this time; however, judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). No obvious contraindication for steroid or fluid therapy; however, monitoring for signs of intolerance is recommended.

A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation,



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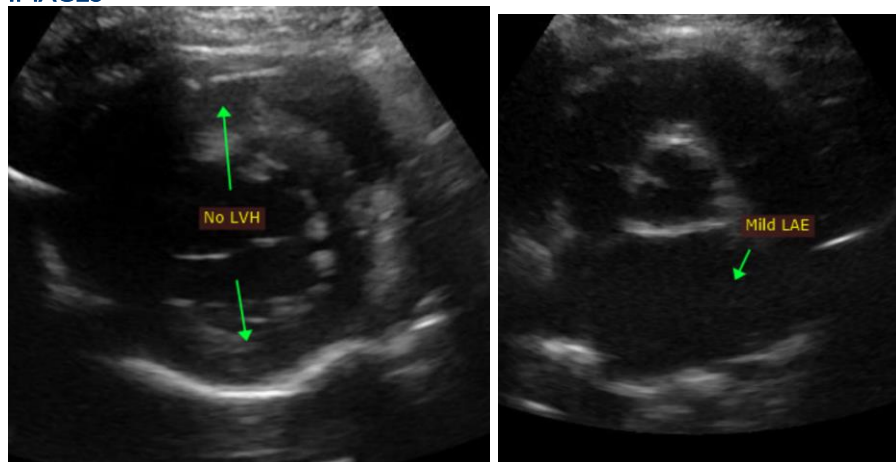
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sooner if a progressive murmur or signs of cardiac compromise are noted in the interim.

**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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