
**PATIENT**

Stella Prescott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

5.5 years

**WEIGHT**

9.28lbs; 4.2kgs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

 Loetitia St-Jacques,  
 LVT/RVT

**HOSPITAL NAME**

 VCA Feline Animal  
 Hospital

**REFERRING VET**

Dr. Fleming

**INVOICE**

20468

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

History: Polycythemia.

 -Abnormal lab results: CBC - RBC 11.7 HCT 58 else unremarkable (WBC 8.9 PLT 211 adequate);  
 Chemistry profile - BUN 23 Creat 1.7 unremarkable; Thyroid hormones - T4 = 2.6

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with focal septal thickening. 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. Trace TR. Normal TR velocity. No other obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

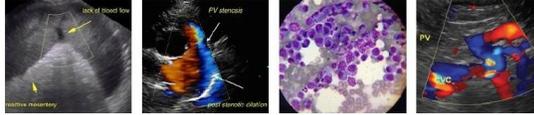
**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	4.2	NM	0.6	0.9	0.5	44	80
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.0	0.8		0.54	0.5	NM
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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 structure and function. The LV wall thickness is largely normal with no evidence of elevated left atrial pressure or underlying pathology at this time. Focal septal thickening is noted which should be monitored going forward, as this may be a marker of early hypertrophic disease. Most importantly, the right heart appears normal and there is no evidence of a right to left shunt.

No obvious right to left shunting is noted in this study. It is important to note that these can be extremely difficult to identify on 2D echo and a bubble study or advanced imaging may be necessary. That being said, the right heart being normal in dimension would suggest this is unlikely. Other causes for polycythemia should be considered.



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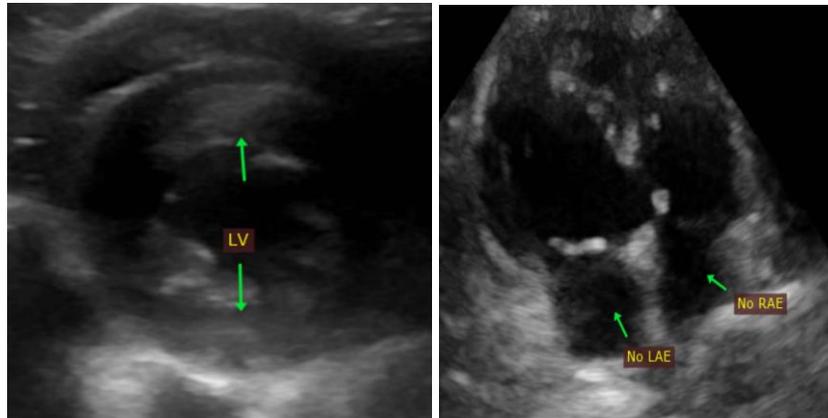
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Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine 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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