


PATIENT

Teddy Cesenaro

PRESENTING CLINICAL SIGNS

History: Grade 2/6 systolic murmur. Increased renal values.

 -Abnormal PE/Chem/CBC/UA Results: **BNP 1500**, BUN 42, Creat 2.9, SDMA 18, retic 12.6.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of irregularity. There is a diffusely hyperechoic endocardium with significant diastolic dysfunction. The papillary muscles appear mildly remodeled. The left atrium is mild to moderately dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through both the LVOT and RVOT are normal in velocity; however, dynamic profile is noted through the pulmonary artery. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART
AGE

13years

WEIGHT

10.5lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	4.8	194	0.53	1.2	0.50	45	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)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.5	1.6	1.6		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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unclassified cardiomyopathy (UCM) is suspected. This diagnosis is based upon mild to moderate left atrial dilation and a lack of significant LV pathology. No cause for the murmur is identified, making it likely physiologic in origin. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Fortunately, with degree of atrial dilation the risk for complication is low, however there is high risk for progression going forward.

HOSPITAL NAME

 Surf City Animal
 Hospital

REFERRING VET

Dr. Wick

Given this degree of 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.

INVOICE

25716

DATE

8/11/22

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include



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opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

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PLAN

Baseline BP is recommended.

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Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise

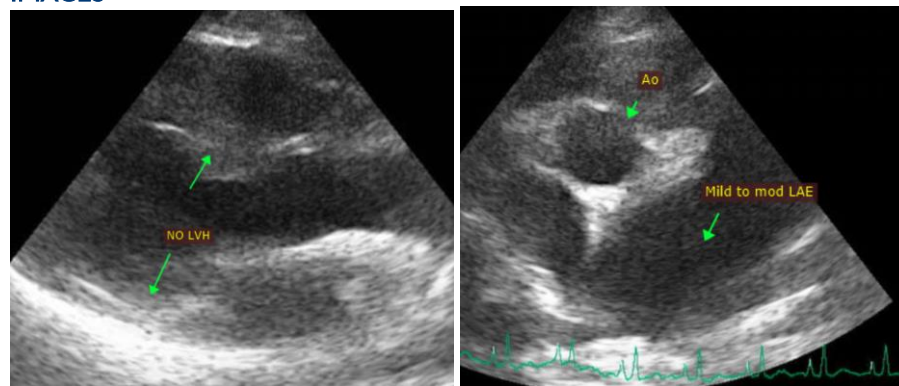
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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