
PATIENT

Keanu Marcotte

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Assess prior to anesthesia.
 -Pertinent previous echo findings (7/2022 MML): Asymmetric LVH (0.49/0.63cm). LA: 1.3.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS *Image quality limited by patient conformation.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mildly increased free wall dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART
AGE

5 years

WEIGHT

19lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Halton Peel Animal
 Hospital

REFERRING VET

Dr. Walters

INVOICE

32313

DATE

8/11/23

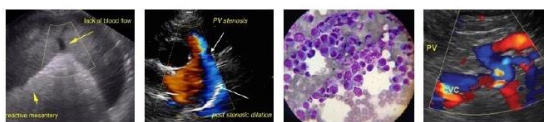
| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|--|--------------------------------|--|---|--|---|--------------------------------------|-----------------------------------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 8.6 | 230 | 0.50 | 1.1 | 0.64 | 55 | 89 |
| 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 <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> |
| NORMAL | <1.5 | <1.3 | <1.2 | | <1.6 | <1.3 | <0.9 |
| PATIENT | 1.4 | 1.3 | 1.3 | | 1.5 | 1.3 | 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

Compared to the prior study, findings appear persistently stable. Asymmetric mild LVH is unchanged with no LA dilation. This would suggest risk for complication is low. No additional issues have developed.

Given these findings, no medications are indicated. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).



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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

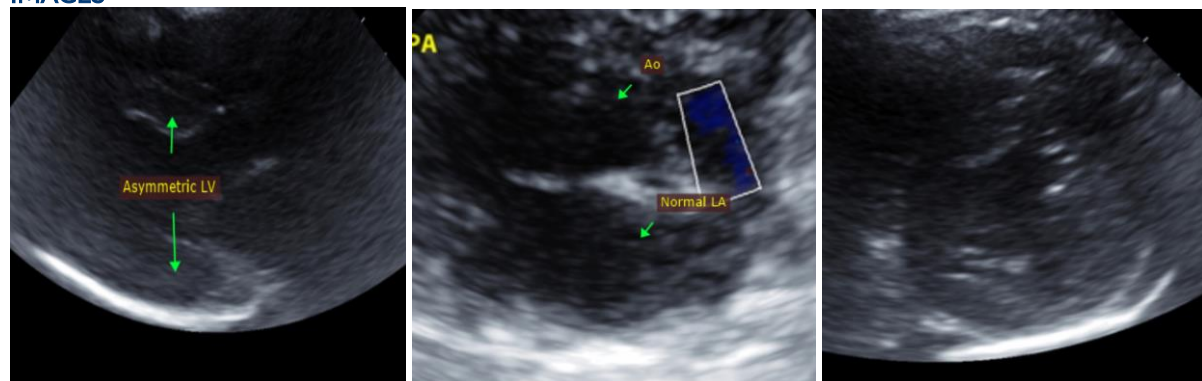
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IMAGES

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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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.

HOSPITAL NAME

Halton Peel Animal
Hospital

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

REFERRING VET

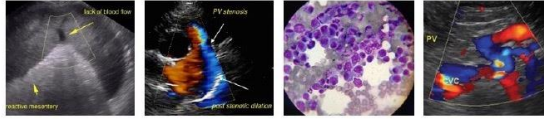
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