



PATIENT

Chubby Hugs
Brawley-Wilgren

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

Not provided

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Russman

INVOICE

20550

DATE

8/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Murmur. Cat has GI issues, renal disease, and pleural effusion.

-Pertinent previous echo findings (8/1/2021): Normal echo report. LA/AO: 1.3. Suspect collapsed lung lobe

-CXR report (7/31/2021): Pleural effusion post-tap. No obvious CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears mildly remodeled. The left atrium is normal in size. The right atrium is normal. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. The tricuspid valve appears normal with no TR. Blood flow through the LVOT is normal in velocity. No pericardial effusion seen. Moderate volume pleural effusion seen. 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	NP	NM	0.46	1.8	0.42	55	77
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	1.4	1.3	1.6	0.86	NM	
<p><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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac structure and function are overtly normal, with no evidence of a cardiogenic origin of the pleural effusion. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious cardiac tumors are identified. It is important to note that small extra-cardiac tumors are easily missed and may still be present in light of the clinical picture. Consider focused thoracic US, CT scan, etc.

Further diagnostics are recommended including fluid cytology, an abdominal ultrasound, etc. Consultation with an Internist may be useful in this case.



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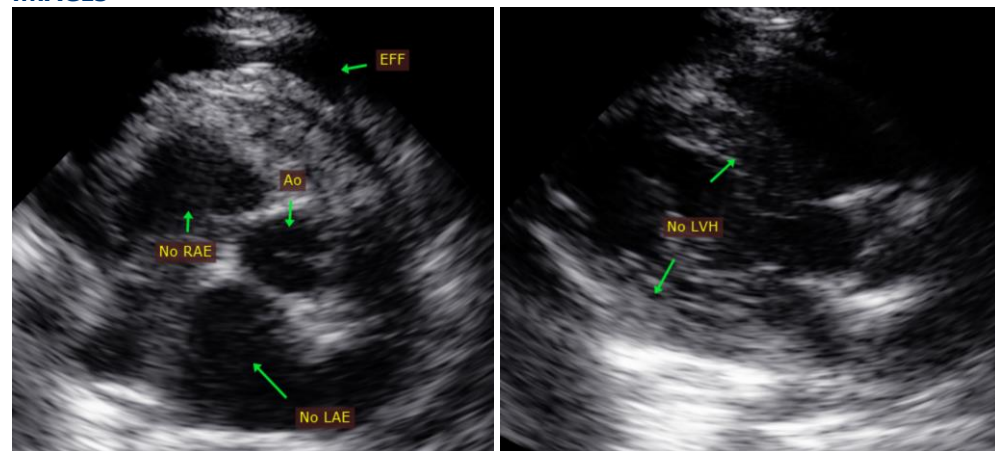
DATE

8/16/21

From a cardiac standpoint, there is no obvious contraindication for steroid therapy given that the effusion is non-cardiac in origin.

Recommend recheck echocardiogram in one year to screen for development of silent disease, sooner if any murmur or gallop is identified.

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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