



PATIENT

Garfield Dye

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Heidi Putnam, SDEP
Clinical Sonographer

HOSPITAL NAME

VCA McKenzie Animal
Hospital

REFERRING VET

Dr. Kairis

INVOICE

20547

DATE

8/16/21

PRESENTING CLINICAL SIGNS

History: Presented to emergency clinic for vocalization and collapse. He was diagnosed with heart failure and started on Pimobendan and Furosemide. He was examined 10 days after heart failure episode. Pink mucus membranes, improved lung sounds and grade 4/6 murmur. Clients note almost full return to normal.

-Blood pressure: 160mmHg.

-Current medications: Pimobendan 1.25mg q12h, Furosemide 12.5mg q12h.

-Abnormal PE/Chem/CBC/UA Results: Renal values WNL. Heartworm antibody negative. CBC – Panleukocytosis.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall and chamber are normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild remodeling and fibrosis. Mild papillary muscle remodeling. The left atrium is normal in dimension. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with trace MR. No TR. No other valvular regurgitation seen. Blood flow through both the LVOT and RVOT is normal in velocity; however, a dynamic obstruction is noted on color flow imaging. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion.

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	5.7	NM	0.42	1.6	0.43	50	92
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	NM	1.1	1.23		0.9	1.6	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

Overtly normal cardiac structure and function with no evidence of significant LVH or atrial dilation. There is remodeling and fibrosis of the left ventricular wall which is likely a normal variant. Finally, no obvious cause of the murmur is identified; however, an RVOT obstruction is suspected based upon color flow. This is a benign finding in cats and is exacerbated by tachycardia and/or volume changes (i.e., dehydration or anemia).



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Given today's findings of a normal LA dimension, the reported episode is unlikely to be cardiac in origin. Consider a full radiologist review of the films; however, there is no obvious indication for medications at this time as the risk for CHF is low. Improvement on Lasix is most likely incidental and other possibilities should be explored. This study also does not explain a syncopal episode, which in the absence of structural changes/LVOTO is also most likely unrelated. Full systemic evaluation may be helpful.

No contra-indication to steroid or fluid therapy from a cardiac standpoint should either be indicated; however, any cat is prone to intolerance and RR/RE should be closely monitored. No cardiac contraindication for general anesthesia.

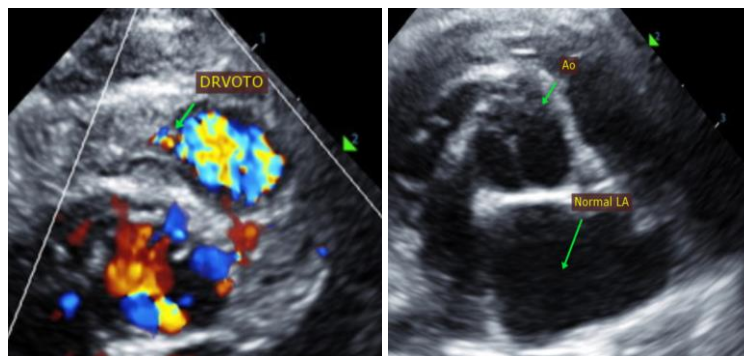
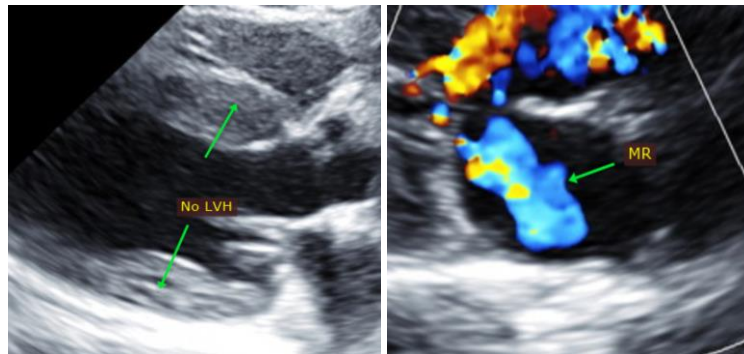
Monitor for any signs of progressive cardiac disease, such as a change in RR/RE, signs of a blood clot event, etc.

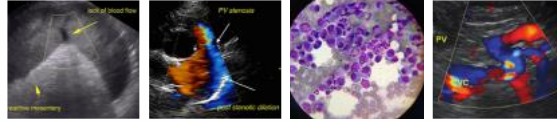
PLAN

Recommend Radiologist review of the films in light of echo findings. Consider full systemic evaluation. No obvious indication for continue Lasix or Pimobendan therapy.

A recheck echocardiogram is recommended in 6-12 months to screen for any progressive changes.

IMAGES





PATIENT

Garfield Dye

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.

SPECIES

Feline

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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info@sonopath.com

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