



**PATIENT**

Sara Chandler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

15 years

**WEIGHT**

5.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Creekside Veterinary  
Clinic

**REFERRING VET**

Dr. Eggert

**INVOICE**

25820

**DATE**

8/16/22

**PRESENTING CLINICAL SIGNS**

History: 7/6/22- Present for exam due to coughing/wheezing that started 2/22. It has gradually worsened. Cries when being picked up.  
-Abnormal PE/Chem/CBC/UA Results: Positive ProBNP. Stage 2 CKD. High normal T4.  
-Current medications Furosemide 12.5mg 0.5T PO BID.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Mild cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, although extensive visualization is lacking. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The LV chamber is decreased. The left atrium is normal in size. No mitral regurgitation. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. Inconsistent scant pericardial effusion in some views. No obvious pleural effusion. 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 (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.6	NM	0.42	0.84	0.42	42	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	NM	1.1	1.0		0.7	0.9	NM
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The LV chamber is small, which is likely secondary to volume depletion/CKD. Mild remodeling and fibrosis of the left ventricular wall is noted which is a normal variant. Serial echocardiography will be necessary to determine progression. A baseline BP is recommended in any azotemic cat, particularly with BNP elevation.

Scant pericardial effusion and associated clinical signs are unlikely to be cardiogenic in origin given a normal left atrial size. The effusion does likely explain mild cardiomegaly on films, and an acute accumulation may be related to respiratory signs. Non-cardiac causes should be



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considered including neoplasia. Systemic work up is advised, as the amount of effusion does not warrant safe sampling at this time. Should it increase in volume however, sampling would be ideal. A Radiologist review of the chest x-rays is also strongly recommended

**SPECIES**

Feline

Given these findings, no medications are indicated, and Lasix can be safely discontinued.

**BREED**

DSH

Anesthetic risk is considered mild. With this degree of 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.

**SEX**

Female Spayed

Recommend recheck echocardiogram in 6-12 months to assess for progression.

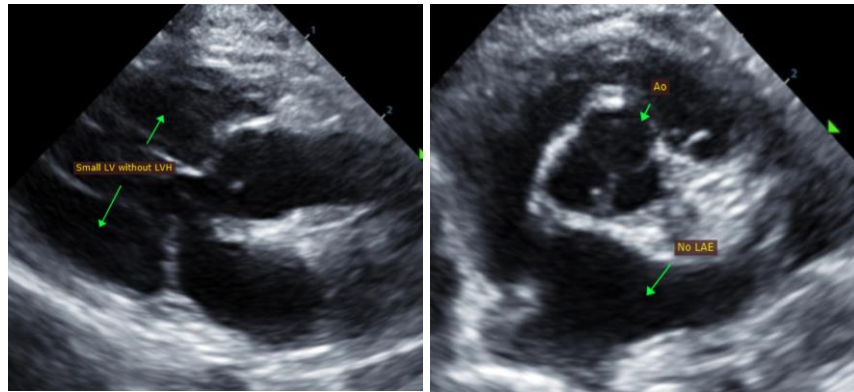
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**IMAGES**



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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**

Sara Hansen

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**

Creekside Veterinary Clinic

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

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