



PATIENT

Boybee Shinozuka

SPECIES

Feline

BREED

DLH

SEX

Male Nuetered

AGE

16 years

WEIGHT

15.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ho Ho Kus Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

25860

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Weight loss. Grade 2-3/6 heart murmur with gallop intermittently.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricle is mildly dilated with borderline LV dysfunction. The LV wall thickness is normal. There is a diffusely hyperechoic endocardium consistent with remodeling with irregularity to the endocardial surface. Mild to moderate papillary muscle remodeling. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is mildly thickened with normal mobility. No obvious SAM can be seen. Mild to moderate AI. Mild mitral and no tricuspid regurgitation seen. Blood flow through the LVOT is normal. Blood flow through the RVOT is mildly elevated on color flow (not captured on Spectral doppler). No pulmonic insufficiency noted. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion seen.

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	7.2	130	0.54	1.9	0.53	37	70
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	1.3	1.5	1.4		1.1	0.96	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

Several mild abnormalities are identified. First is a benign heart rate dependent flow obstruction through the right ventricular outflow tract, which is a physiologic finding (i.e., benign and of no clinical significance). This is the likely origin of the reported murmur. There is also significant LV remodeling and fibrosis of the left ventricular wall, however no evidence of hypertrophy. Finally, mild mitral regurgitation is noted, in addition to mild LA and LV enlargement. This is of unknown significance; however, in any cat with LA enlargement should be followed up closely. No additional issues are identified.

From a clinical standpoint, mild left atrial enlargement indicates the risk for complication is currently low. Given these findings, no medications are indicated at this time. Prognosis is guarded prior to screening for progression.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically



PATIENT

Boybee Shinozuka

SPECIES

Feline

BREED

DLH

SEX

Male Nuetered

AGE

16 years

WEIGHT

15.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ho Ho Kus Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

25860

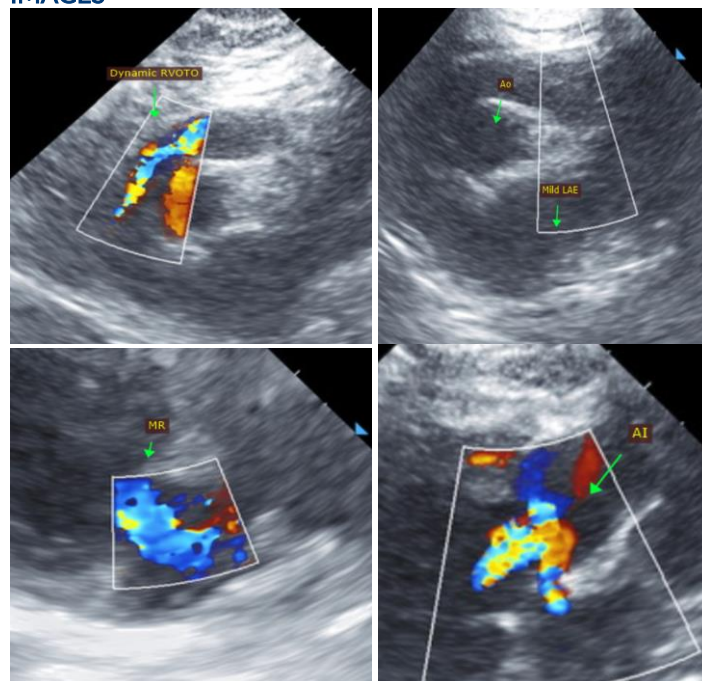
DATE

8/17/22

necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

Recommend recheck echocardiogram in 6 months to assess for any progression.

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.

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