



PATIENT

Annie Polleys

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

NP

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Paradise Animal
Hospital

REFERRING VET

Dr. Twardzik

INVOICE

20615

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Owner reports Annie is a little thinner, has lost weight. Appetite quite variable -- moreso in the past year. On exam, she has a grade II/VI systolic murmur, moderate tartar. Seen by a cardiologist 7/18/19; was diagnosed with mild dynamic mid right ventricular outflow obstruction as source of heart murmur. She was also noted as having stable high normal left atrial chamber dimensions, single moderator band within the left ventricle with equivocal upper septal thickening -- stable

-Pertinent abnormal PE/Chem/CBC/UA Results: CBC: WNL. Chem: Elevated SDMA 23 mg/dL, Elevated BUN 40 mg/dL, T4: 3 mg/dL, Spec fPL: WNL, ProBNP: WNL, U/A: SG = 1.043, > 50 RBC/hpf, 2 WBC/hpf.

-Radiographs: Marked L/S sclerosis, stenosis. Small kidney noted on lateral view. Mild shoulder DJD

-Current medications: 1/8 tsp Miralax SID.

-Sedation used: Gabapentin PO.

-Pertinent previous ultrasound results: No previous IntraPet scans. CVCA report attached.

-STAT: Not requested.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT is mildly elevated in velocity with a dynamic profile based upon Doppler and color flow, likely secondary to tachycardia creating a benign outflow tract obstruction. No evidence of cardiac tumors or metastatic lesions on this scan.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	NP	176	0.62	1.25	0.41	46	82
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	1.3	1.2	0.7	1.6	NM	

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

A dynamic RVOT obstruction persists which was described previously in addition to focal septal thickening. There is no change compared to the previous study and the remainder of the left ventricle is normal in dimension. Diffuse remodeling and fibrosis is noted which is likely an age-related variant. Finally, the LA is normal, indicating low risk for complication at this time. Continued serial echocardiography will be necessary to determine progression and clinical relevance of the findings in the future.

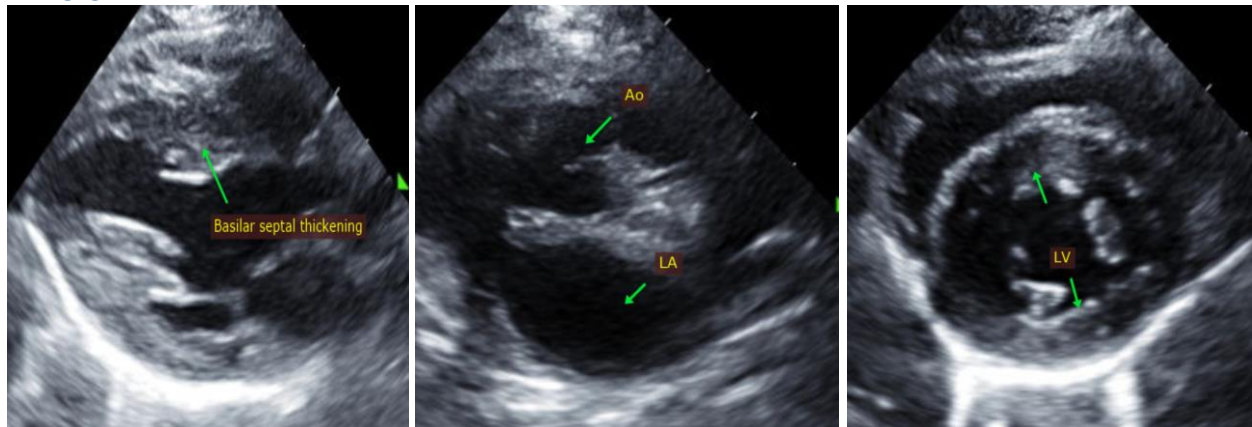
Given these findings, no medications are indicated at this time.

If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally, a screening blood pressure is recommended in any older cat prior to general anesthesia.

Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**