



PATIENT

Maximus Clark

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Barengo

INVOICE

20612

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Small R kidney on palpation and radiographs. Weight up and down. Heart murmur and persistent microscopic hematuria. Treated with antibiotics initially, presented sick. Urine C&S done after is Negative. *Sedated with Torbugesic IV*

-Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic murmur, L kidney palpates WNL, R kidney not palpable. BW (6/4/21): T-4 1.3, BUN 29, Creat 1.9, K+ 3.5. Urine C&S: Neg ProBNP: Abnormal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a sigmoid septum. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled. The endocardium also appears remodeled. The left atrium is normal in size. 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; however, a late-peaking dynamic component is noted on the aortic outflow. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.6	NM	0.50	1.7	0.49	58	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	1.4	1.3	1.2		1.9	1.4	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
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

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is remodeling and fibrosis of the left ventricular wall, however this is likely a normal finding. The murmur is due to an intermittent dynamic LVOT obstruction, likely secondary to a sigmoid septum. This finding does not correlate closely to disease; however, follow up is advised in case hypertrophy ensues. Given these findings, no medications are indicated.



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Prognosis is open prior to assessing for progression. Patient may be at risk for development of clinical signs in the future.

SPECIES

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Anesthetic risk is considered mild. Any cat with remodeling and diastolic stiffening carries an elevated risk for fluid overload and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

BREED

DLH

Recommend recheck echocardiogram in 1 years to screen for progression, sooner if clinical signs arise.

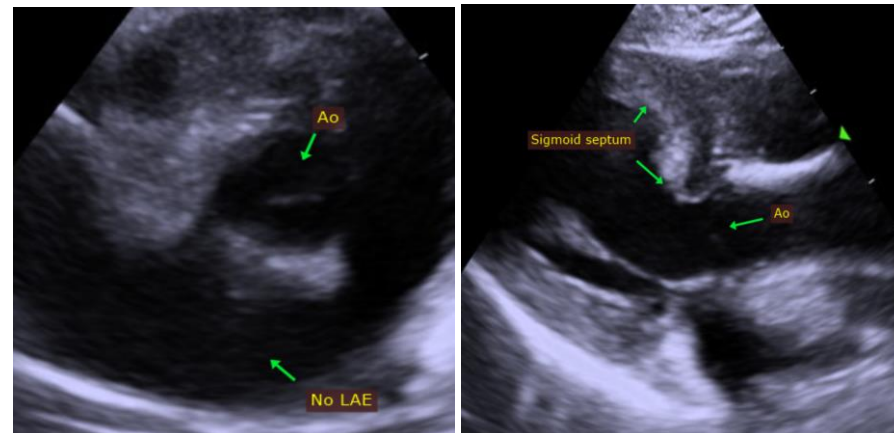
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Karen Ebersole

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

Scanvet

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