



PATIENT

Leo Clark

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

Sedation: Given Torb/midazolam. Then given Isoflurane.

-Pertinent previous echo findings (3/2022 MML): Mild LVH, mild LAE. IVSd: 0.67, LVWd: 0.66, LA: 1.3.

SPECIES

Feline

BREED

Bengal

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Decreased RVOT velocity. Trace TR. Decreased LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Mild central MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

SEX

Male Neutered

CARDIAC CHART

AGE

12 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	4.5	130	0.66	1.1	0.68	48	84
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	1.6	1.4	1.3		0.8	0.6	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.*

IMAGING PERFORMED BY

Sarah Pender, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. Mild LVH is unchanged with mild left atrial enlargement. Small leaks are noted in the mitral and tricuspid valves, which appear hemodynamically insignificant. No additional issues are identified.

HOSPITAL NAME

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Given these findings, no medications are indicated.

REFERRING VET

Dr. Trammell

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

DATE

8/22/22

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svsmobileimaging.com 309-737-3070



Clinical Sonography & Telecytology

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1-800-838-4268 info@sonopath.com SonoPath.com

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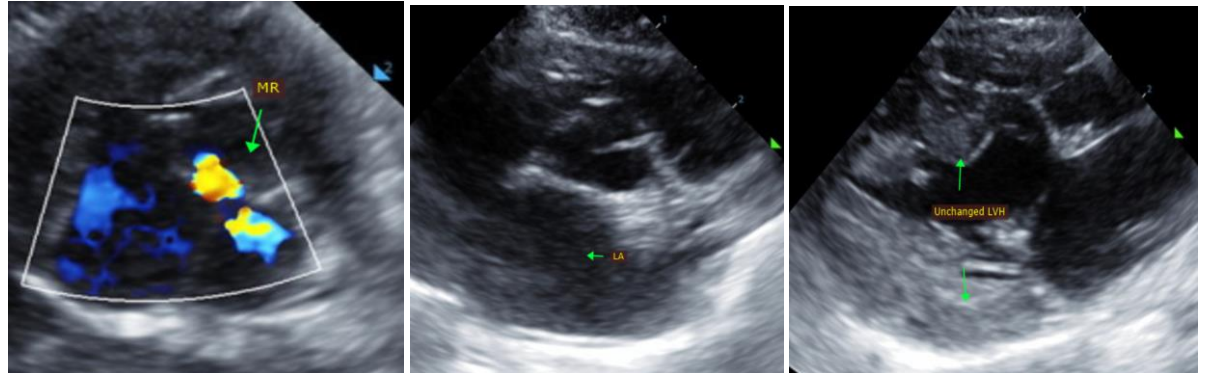
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PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

Due to patient stress level in hospital, annual rechecks are advised going forward. Consider oral Gabapentin prior to admission and use of Alfaxalone in lieu of Midazolam going forward.

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. 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
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