

**PATIENT**

Peter Pezzone

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

9.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Prime Care Animal  
Hospital

**REFERRING VET**

Dr. Martin

**INVOICE**

25942

**DATE**

8.22.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Benazepril 5mg ½ BID, Clopidogrel 75mg ¼ SID.

-Blood pressure: 120mmHg with doppler.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (2/2021 MML) Asymmetric LVH, moderate LAE, mild RAE. IVSd; 0.49, LVWd: 0.80, LA: 1.5

-STAT: Declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is significantly asymmetrically hypertrophied with extensive remodeling of the endocardium. The IVS measures normal, while the free wall and papillary muscles are significantly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. Regions of atrophy. False tendons. The left atrium is moderately dilated. The right atrium is mildly increased in size. The right ventricle appears normal. The mitral valve is normal, with normal mobility. Blood flow through the LVOT and RVOT is normal in velocity. No tricuspid regurgitation present. No pericardial or pleural effusion is visualized.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.2	NM	0.43	1.3	0.78	56	89
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.8	1.6	0.7	1.4	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

Compared to the prior study, there is continued stability. The LV wall while remains abnormal is similar to previous elevation. The LA is unchanged compared to the prior study. No additional issues are identified.

Given these findings, no change to the current medications is recommended. The BP is relatively low for cat in hospital; however, if no lethargy is noted at home this does not warrant a dose decrease at this time.

Continue to monitor for associated clinical signs, including respiratory changes, signs of a blood clot, etc. Given LA dilation, prognosis is guarded long term with risk for CHF, a blood clot event and/or sudden death in the future.

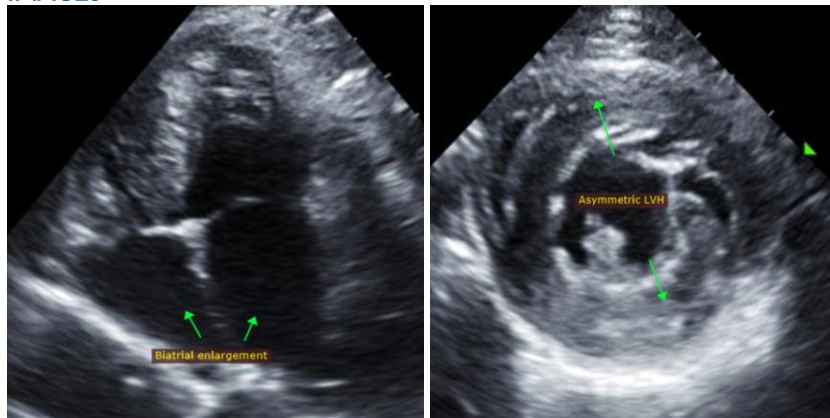
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

## PLAN

Continue Benazepril and Plavix as prescribed.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

## 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