



**PATIENT**

Big Chief Pierson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

16 years

**WEIGHT**

5.9lbs; 2.7kgs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

**PRESENTING CLINICAL SIGNS**

History: Tachycardia (264bpm). No murmur. Assess prior to steroid therapy.

-Current medications: early renal + maint wet/dry. Methimazole 2.5mg q12, offered in food, eating it well per owner. B12 tab form q48.

-Abnormal PE/Chem/CBC/UA Results: BUN 67, Crea 2.7, SDMA 18.3, WBC 20.4.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal to mildly decreased in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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. Trace TR. No other obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.7	145	0.34	1.6	0.37	42	76
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.4	1.2	0.8	0.6	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 &amp; 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**

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal to slightly decreased, ruling out typical hypertrophic disease. There is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. A baseline BP is recommended due to reported azotemia.

No cause for tachycardia is seen in this study. An ECG is recommended to ensure no pathologic arrhythmias are seen.

Given these findings, no medications are indicated.

**HOSPITAL NAME**

VCA Feline Animal Hospital

**REFERRING VET**

Dr. Fleming

**INVOICE**

32495

**DATE**

8/22/23



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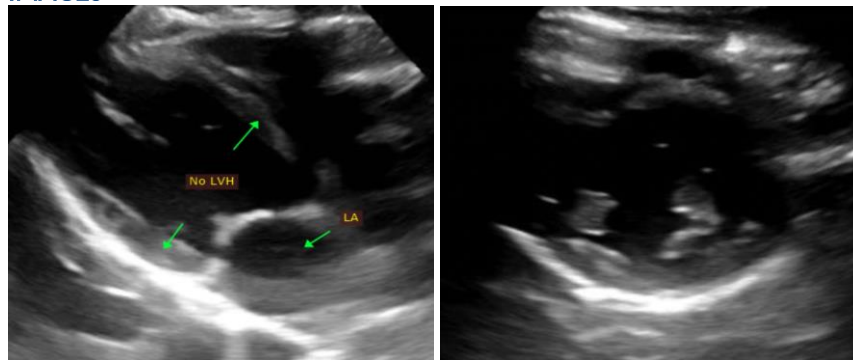
**DATE**

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Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. 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 any progressive issues.

**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