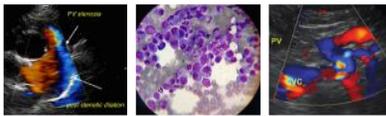


IMAGING PERFORMED BY

IntraPet.com



PATIENT

Sheldon Tucciarella-Boothe

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.13.10

WEIGHT

15.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Belvedere Veterinary Center

REFERRING VET

Dr. Eden

INVOICE

26020

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur.

-Pertinent abnormal PE/Chem/CBC/UA Results: Feb 2022: BNP 1053 (<50), Mild neutrophilia, Mild hyperalbuminemia, Mild hypernatremia. Repeat lab work to be performed on the day of the echo.

-Current medications: RC Urinary diet only. Will be on 150mg gabapentin at the time of the echo

-Sedation used: Patient had Gabapentin.

-Pertinent previous ultrasound results (2/2022 MML): Moderate LVH, no LAE. IVSd: 0.79, LVWd: 0.82, LA: 1.1.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with regions of irregularity. 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 no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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 | 3.5-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 6.9 | | 0.71 | 1.3 | 0.73 | 57 | 96 |
| 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 | 1.2 | 1.2 | | 0.9 | 1.1 | 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

Persistent yet unchanged LV hypertrophy is documented. No obvious progression is seen without left atrial enlargement. No additional issues are identified.

Given these findings, no medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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

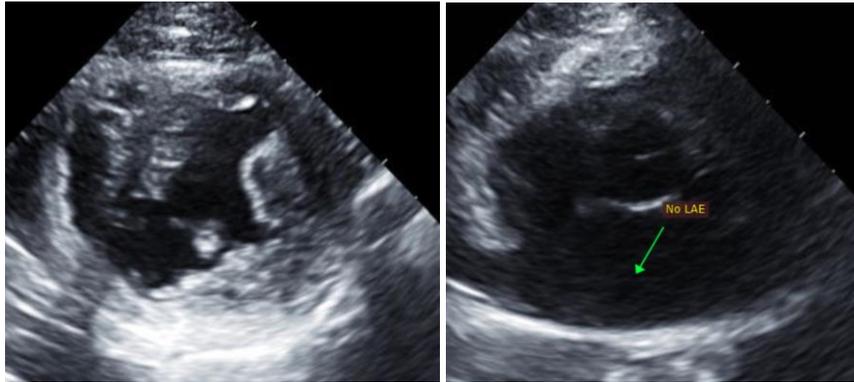
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with 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.

PLAN

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

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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
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