

PATIENT

The Dude Sine

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

18 years

WEIGHT

6.45lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Docside Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

20762

DATE

8/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of grade II/VI systolic murmur and gallop rhythm, History of IRIS Stg 2 renal insufficiency. History of Constipation and obstipation.

-Pertinent abnormal PE/Chem/CBC/UA Results: Last labs done 04/27/21, CBC shows mild nonregenerative anemia CHM: BUN 38, Creat 2.2, PO4 5.3, USG 1.017, TT4 1.8, Labs will be repeated at time of echo.

-Current medications: Enalapril 2.5 mg 1/2 PO SID started 02/2021, Lactulose 2.0 ml PO BID started 03/2020, Miralax 1/8 tsp PO SID started 03/2020, SQ fluids 50 ml EOD started 12/2020.

-Blood pressure: BP 120mmHg.

-Sedation used: Butorphanol/Midazolam given IV prior to scan.

-Pertinent previous ultrasound results: (1-11-21 MML): Normal, remodeling, moderate to severe AI.

-STAT: Not requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendons. The endocardium/papillary muscles appear remodeled. Mild LV dysfunction is noted. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal in size. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No MR. Trace TR. Normal TR velocity. Moderate to severe AI. Normal velocity. No evidence of cardiac tumors on this scan. No pericardial or pleural effusion identified.

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	2.9	190	0.4	1.4	0.37	36	70
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	0.45	0.75	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 no significant evidence of progression. The LV dimensions are unchanged and aortic insufficiency is similar to previous. Mild LV dysfunction is noted which is of unknown significance and should be monitored going forward. The LA remains normal, indicating low risk for complication at is time.

Given these findings and a reportedly normal BP is hospital, no additional changes are indicated. Pimobendan is not recommended prior to left atrial dilation and follow up is advised. Prognosis is guarded long-term.

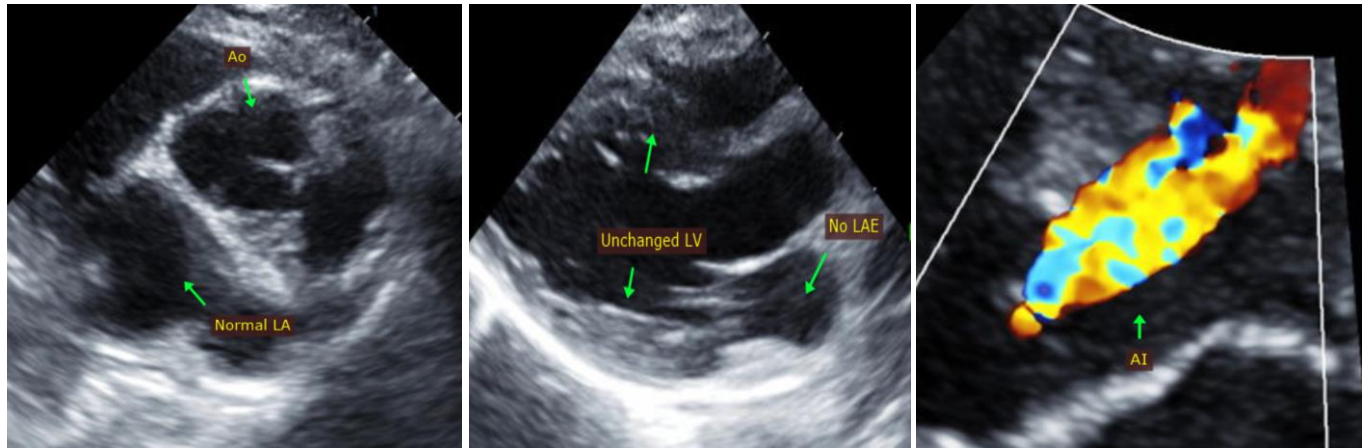
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

PLAN

Monitor BP every 6 months. Continue ACE-I as prescribed.

Recommend recheck echocardiogram in 6-12 months to screen for progression and/or development of cardiomyopathy.

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.

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