

**PATIENT**

Cookie Tincher

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.24.07

WEIGHT

7.6lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Celebrie Veterinary
Hospital**REFERRING VET**

Dr. Garrett

INVOICE

26099

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP. Chronic IBD.

-Pertinent abnormal PE/Chem/CBC/UA Results: Showed Spec FPL 7.2 and Cardiopet ProBNP is 445. APL is 78, SDMA 35, Creatinine 2.7, BUN 59.

-Current medications: Feline KD diet since 1/2022, Vetasyl Fiber Capsule- 1 capsule once a day (since 11/2019), Cobalquin- 1 tablet once a day (started 11/2019), Atenolol 25MG- 1/4 tablet once a day (started 6/2021), Provable forte- 1 capsule once a day (since 2/2020), Pancrezyme powder- 3/4 tsp onto each meal(since 8/2020), Purine Hydra Care Supplement- in addition to food (stared 4/2022) Mirtazapine 15Mg- 1/4 tablet every 3rd day (since 1/2022).

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal 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 MR and TR. The MPA is prominent/mildly dilated. 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) (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	3.4	NM	0.38	1.4	0.34	59	91
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	1.1	1.2		0.74	0.62	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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and 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. Trace mitral and tricuspid regurgitation are noted, which are hemodynamically insignificant. Finally, the main pulmonary artery is prominent to mildly dilated, which may suggest some underlying pulmonary disease. That being said, no respiratory signs are noted in the history. Chest radiographs may be beneficial to screen for any developing pathology. No additional issues are identified.

Given these findings, no medications are indicated.

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including decreased renal clearance, hypertension, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

The patient is on Atenolol without explanation. There is no indication for this medication, and this can be safely discontinued.

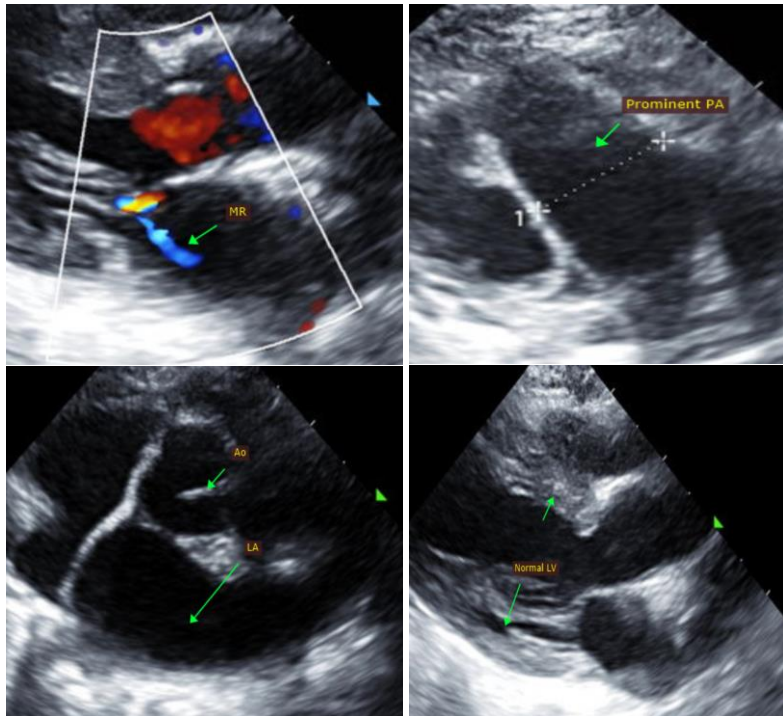
Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.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

PLAN

Baseline BP and T4 as discussed. Consider baseline CXR. Discontinue Atenolol.

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