
**PATIENT**

Lily Daly

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

15.8lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Gilmer

**INVOICE**

20400

**DATE**

8/6/21

**PRESENTING CLINICAL SIGNS**

History: HR/RR: 154, Panting with any stress or manipulation, Will stop panting though if comfortable and not doing anything to her, panting at home as well, Loud wheezing on respiratory. BP: 117mmHg.

-Current medications: Furosemide 12.5mg SID.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

**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 fibrosis. Mild remodeling. The papillary muscles are normal. The left atrium is normal in size. The right atrium is prominent in some views, although this is not consistent. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or tumors seen.

**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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	7.15	216	0.5	1.0	0.49	47	83
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	1.2	1.2	1.1		0.95	0.93	NM

\*Note: All measurements based upon multi-modal images and methods. An average value is reported.

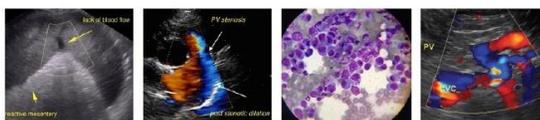
Adapted from June Boon, Veterinary Echocardiography, 1998

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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function with no evidence of hypertrophic disease. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. The LA is normal, indicating low risk for complication.

 Given these findings, **CHF as the cause of clinical signs is ruled out and Lasix can be safely discontinued.** Consider primary respiratory causes for wheezing with



**PATIENT**  
Lily Daly  
evaluation/treatment as such (heartworm test, course of Azithromycin, etc.). Consider a Radiologist review of the films in light of echo findings for further pulmonary evaluation.

**SPECIES**  
Feline  
No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any senior cat should be monitored for intolerance (changes in RR/RE).

**BREED**  
DSH  
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**SEX**  
Female Spayed  
Recommend recheck echocardiogram in 1 year to assess for any progressive issues, sooner if a murmur or gallop is noted in the interim.

#### IMAGES

##### AGE

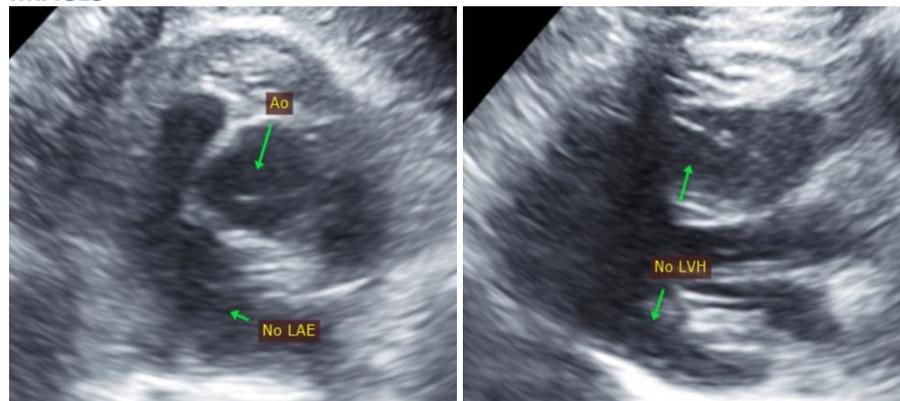
9 years

##### WEIGHT

15.8lbs

##### INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



##### IMAGING PERFORMED BY

Kelly Reschny, RVT

##### HOSPITAL NAME

Buck Animal Hospital

##### REFERRING VET

Dr. Gilmer

##### INVOICE

20400

##### DATE

8/6/21

**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