

## PATIENT

Champagne Latorre

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

18 years

## WEIGHT

8.1lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Paul Kim, DVM

## HOSPITAL NAME

Ridgefield Park Animal  
Hospital

## REFERRING VET

Dr. Kim

## INVOICE

32199

## DATE

8/7/23

## PRESENTING CLINICAL SIGNS

History: Presented with labored breathing accompanied by wheezing and non-productive coughing fits since early morning. The patient has a history of kidney failure. Discomfort/pain in the upper chest/abdominal cavity when palpated.

-Radiographs: Reveal possible fluid found mainly in the right side pleural cavity.

## 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. No obvious valve regurgitation. Blood flow through the LVOT is normal in velocity. Large volume pleural and no pericardial effusion seen. No obvious cardiac tumors.

## CARDIAC CHART

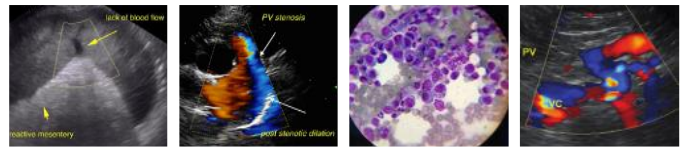
| FELINE CARDIAC PARAMETERS   | BODY WEIGHT (kg)               | HR (BPM)  | IVSd (cm)<br><small>(Moise, Pipers)</small>                         | LVIDd (cm)<br><small>(Moise, Pipers)</small> | LVWd (cm)<br><small>(Moise, Pipers)</small> | FS (%)                | EF (%)             |
|---|--------------------------------|---|---|--|---|-----------------------|--------------------|
| <b>NORMAL PARAMETER</b>   | -----                          | 150-240   | 0.35-0.55   | <2<br>(mean 1.5)                             | 3.5-0.55                                    | 35-67                 | 80-100             |
| <b>PATIENT</b>  | 3.7                            | NM  | 0.41  | 1.1  | 0.41  | 62                    | 93                 |
| FELINE CARDIAC PARAMETERS   | LA/AO<br><small>(Boon)</small> | LA/AO HEART BASE<br><small>(Swe)<br/>(Abbott)</small> | LA<br>2D short axis<br>Base view<br>(cm)<br><small>(Abbott)</small> |  | LVOT VEL<br><br>(m/s)                       | RVOT VEL<br><br>(m/s) | E max<br><br>(m/s) |
| <b>NORMAL</b>   | <1.5                           | <1.3  | <1.2  |  | <1.6  | <1.3                  | <0.9               |
| <b>PATIENT</b>  | 1.1                            | 1.2   | 1.0   |  | 1.4   | NM                    | NM                 |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>Adapted from June Boon, Veterinary Echocardiography, 1998<br/>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, 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. Given these findings, no medications are indicated.

Given these findings, pleural effusion is certainly noncardiac in origin. Follow up and treatment should be dictated by systemic evaluation, fluid cytology, etc. From a cardiac standpoint there is no indication for Lasix therapy.

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



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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.

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Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

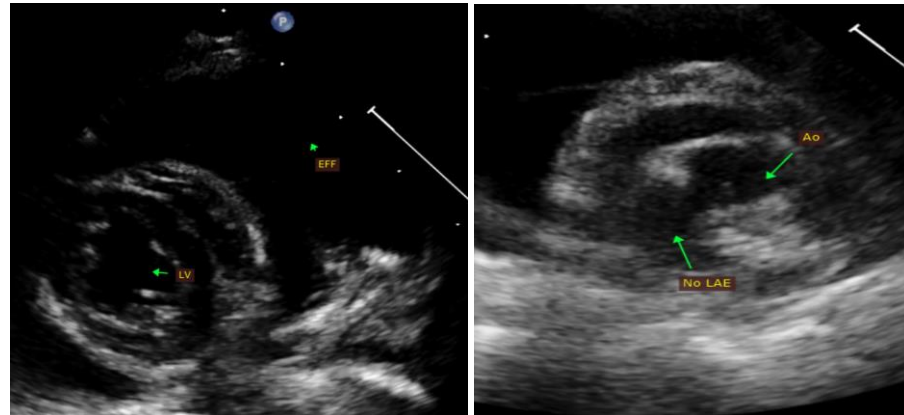
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DSH

**IMAGES**

**SEX**

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**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.**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Paul Kim, DVM

**Maggie Machen Lamy, DVM**  
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