

PATIENT

Gus Clemente

PRESENTING CLINICAL SIGNS

History: Elevated BNP: 447. No murmur or clinical signs. BP: 136mmHg.
-Abnormal PE/Chem/CBC/UA Results: Pro BNP 447, creat 1.9, USpG 1.050, T4 1.4, free T4 low.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. The basilar septum measures mildly increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The LV appears mildly remodeled and fibrosis. The papillary muscles appear mildly remodeled and mildly hypertrophied. The left atrium is normal in size. Blood flow through both the LVOT and RVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. No tricuspid regurgitation. The mitral valve is normal in structure and mobility with no mitral regurgitation. Blood flow through the RVOT is normal. No aortic insufficiency. No evidence of cardiac tumors or metastatic lesions on this scan.

BREED

DSH

SEX

Male Neutered

AGE

9 years

CARDIAC CHART

WEIGHT

14.4lbs

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.5	NM	0.62	1.6	0.45	50	85
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	1.3	1.3		1.5	1.2	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Midtown Veterinary Medical Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality appreciated is a focal septal bulge with mild papillary muscle hypertrophy. These findings may be indicative of early hypertrophic pathology or may simply represent a normal variant. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. No additional issues are identified.

REFERRING VET

Dr. McCarthy

Given these findings, no medications are indicated at this time.

INVOICE

32246

These findings may or may not explain BNP elevation pending follow up evaluation.

DATE

8/8/23

If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.



PATIENT

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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.

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

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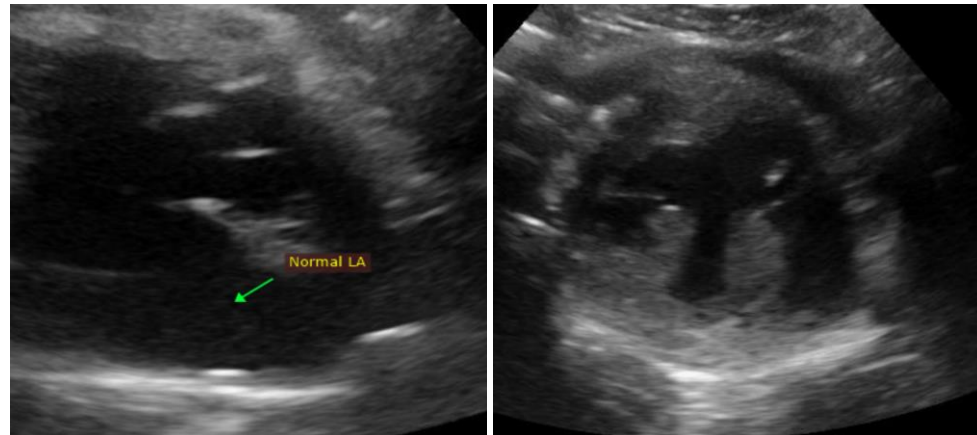
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IMAGES



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.

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

Kelly Romero

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