



## PATIENT

Coco Grace Marschall

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

17lbs

## INTERPRETED BY

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Melissa Weisman,  
DVM

## HOSPITAL NAME

Minnesota Veterinary  
Ultrasound

## REFERRING VET

Dr. Weisman

## INVOICE

20435

## DATE

8/9/21

## PRESENTING CLINICAL SIGNS

History: Increase in seizures. Harsh lung sounds.

-Chest radiographs: Increased bronchointerstitial pattern. Heart is plump. Possible mediastinal mass cranial to heart.

-Current Medications: Amoxi Tri-Clav 125mg BID - 10 days, Douxo Chlorhexidine Pads PRN, Frontline

-Sedation: 0.1mg/kg butorphanol IM for this exam.

## 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 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)<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>   | 7.7                            | NM  | 0.42  | 1.7  | 0.40  | 48                 | 83     |
| 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>   | NM                             | 1.2   | 1.1   | 0.6  | 0.8   | NM                 |        |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i><br/>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 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.

These findings would suggest the radiographic changes are a normal variant. This is common in overweight cats which is suspected here.



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Coco Grace Marschall

Anesthetic risk is low. 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 assess for any progressive issues.

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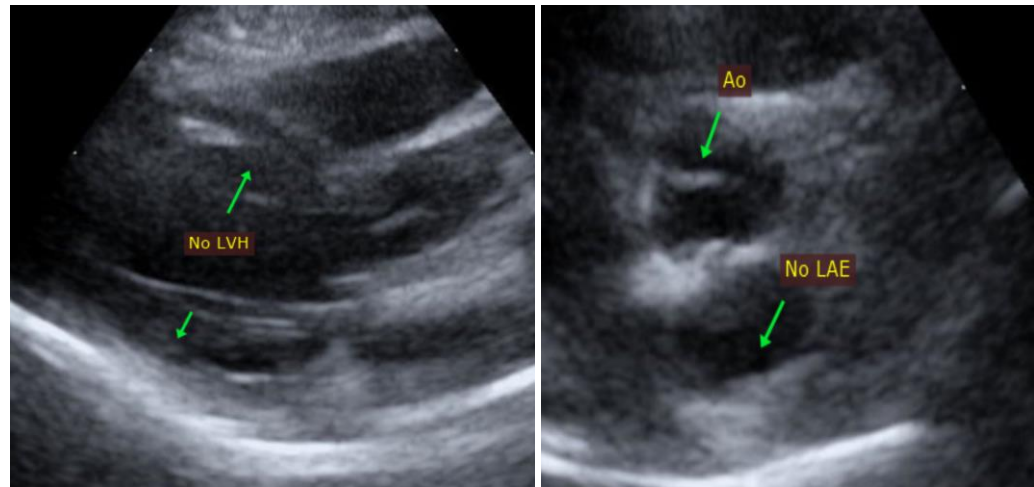
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**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Melissa Weisman, DVM

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**  
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