



PATIENT

Henry Tierney

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.4.12

WEIGHT

15.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

DocSide Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

32261

DATE

8.9.23

PRESENTING CLINICAL SIGNS

History: Brought patient in for exam, HR 160, Gr II/VI systolic murmur, PMI apex, NSR, femoral pulses WNL, MM pink and moist, capillary refill <2 sec. Decided to do workup. Diffuse sig increase patchy interstitial pattern. Cardiac silhouette appears rounded and mildly enlarged. No evidence of pleural effusion. All bony structures WNL. Radiographic changes consistent w/ pulmonary edema, possible CHF

-Pertinent abnormal PE/Chem/CBC/UA Results: See attached.

-Current medications: Lasix 12.5 mg 1/2 tablet q 12 hours

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

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

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

Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal to mildly decreased overall. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are 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 MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. Scant to small volume pericardial effusion. 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	6.8	140	0.38	1.66	0.36	56	89
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	1.2	1.2		1.0	1.0	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 geriatric cardiac structure and function. The LV wall is significantly remodeled with regions of thinning, which may reflect early valve disease or may be a normal age-related variant. Follow up is recommended. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

These findings would suggest the radiographic appearance is inconsistent with CHF, given a normal left atrial dimension. Of some concern, there is scant to small volume pericardial effusion, which is also noncardiogenic in origin. Possible explanations include neoplasia, infection, inflammation, etc. Follow-up and treatment should be dictated by the CXR report and full systemic evaluation is advised. No indication for continued Lasix therapy and this should be discontinued.

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

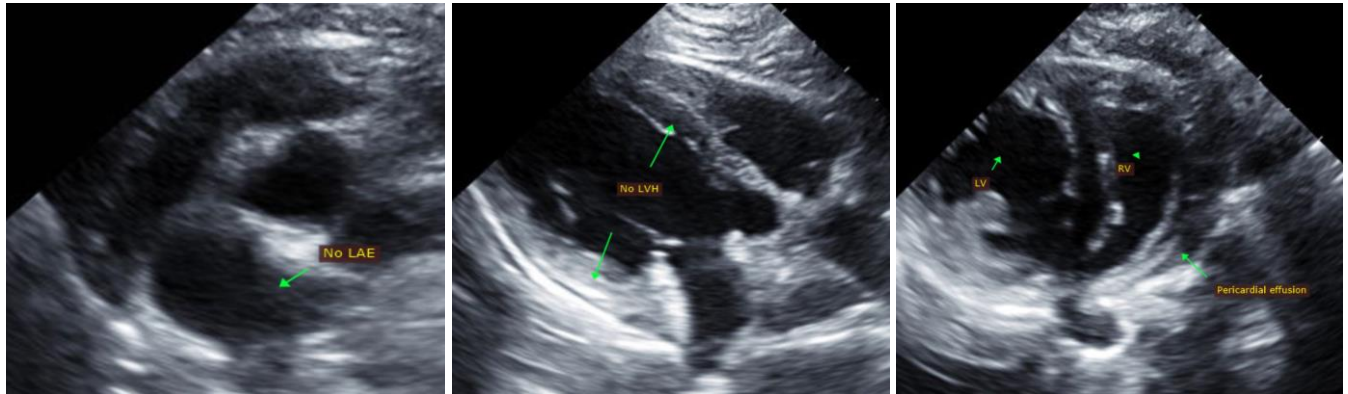
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Discontinue Lasix, Further systemic evaluation as discussed. Highly recommend a Radiologist review of the films.

Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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.

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