

IMAGING PERFORMED BY

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**PATIENT**

Peanut Carter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8.30.17

**WEIGHT**

13.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Goessling

**INVOICE**

26153

**DATE**

9.1.22

**PRESENTING CLINICAL SIGNS**

History: Acting strange lately since litter was changed. Panting.  
 -Pertinent abnormal PE/Chem/CBC/UA Results: NSF.  
 -Current medications: Clindamycin, Plavix, Terbutaline, Buprenorphine, Maropitant.  
 -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.

**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 papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**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 (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.3	166	0.5	1.6	0.45	52	86
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.1	1.1		0.75	0.8	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 RECOMMENDATION

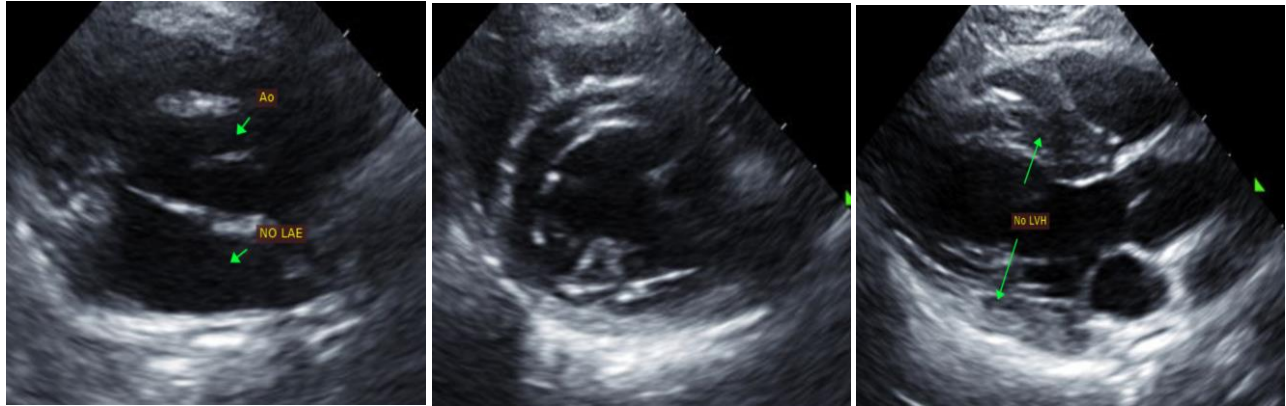
Overtly normal cardiac structure and function are documented in this study. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. No additional issues are identified.

Given these findings, the clinical issues are unlikely to be cardiac-related (i.e., low risk of a cardiac thrombus with a normal left atrium), however this does not rule out non-cardiac thrombi etc. Further neurologic and orthopedic evaluation is advised. No indication for continuing Plavix is seen in this study.

No cardiac contraindication for general anesthesia.

Recommend recheck echocardiogram in 1 year to assess any progressive issues or development of silent cardiomyopathy, sooner if a murmur develops in the interim.

### 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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