


PATIENT

Sophie Hennig

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Grade 2/6 heart murmur. Doing well. BP 70mmHg.
 -Pertinent previous echo findings (8/2021 CS): Mild LVH (0.63/0.57cm). No LAE.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Borderline elevated velocity (3.0m/s). Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

DSH

SEX

Female Spayed

CARDIAC CHART
AGE

16 years

WEIGHT

8.5lbs; 3.9kg

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

| 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 | 0.35-0.55 | <2 <small>(mean 1.5)</small> | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 3.9 | NM | 0.63 | 0.9 | 0.60 | 58 | 94 |
| 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 <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> |
| NORMAL | <1.5 | <1.3 | <1.2 | | <1.6 | <1.3 | <0.9 |
| PATIENT | NM | 1.2 | 1.1 | | 1.2 | 1.8 | NM |

**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

 Loetitia St-Jacques,
 LVT/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. Mild LVH is unchanged without significant left atrial enlargement. A small tricuspid leak persists with a borderline elevated velocity. No additional issues are identified.

Given these findings, no medications are indicated.

HOSPITAL NAME

VCA Feline Animal Hospital

The blood pressure is alarmingly low for a cat in hospital and reassessment is advised. No cardiac cause for hypotension is seen here.

REFERRING VET

Dr. Fleming

INVOICE

26360

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

DATE

9/13/22

Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for



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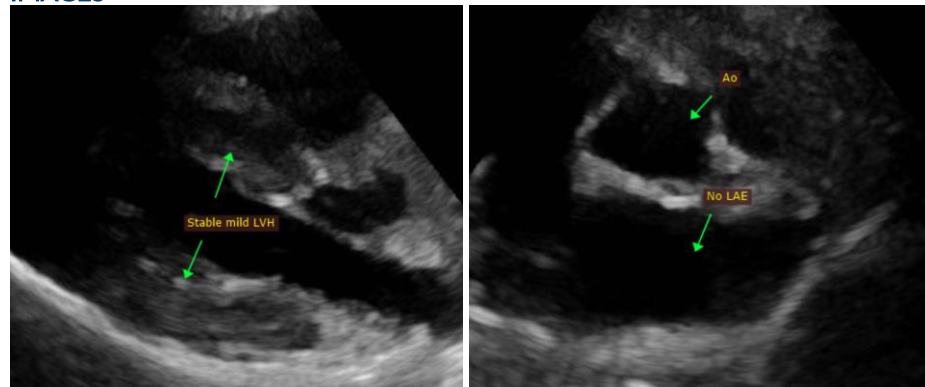
complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

Recommend recheck echocardiogram in 1 year, sooner if clinical signs arise.

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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