

IMAGING PERFORMED BY

IntraPet.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Hoss Batton

**SPECIES**

Feline

**BREED**

Domestic Short Hair

**SEX**

MN

**AGE**

2007

**WEIGHT**

14lbs 7oz

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Chadwell

**REFERRING VET**

Dr. Haskin

**INVOICE**

21021

**DATE**

9/14/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History of Longstanding heart murmur. At recent annual grade III/VI, No clinical symptoms.

-Blood pressure: 179mmHg.

-Sedation used: Not needed.

-Pertinent previous ultrasound results (1/12/21 MML): UCM, mild LAE: 1.4cm, no LVH.

-STAT: Not requested.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with regions of borderline hypertrophy. Borderline LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied with regions of remodeling. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the LVOT is laminar and normal in velocity. Blood flow through the RVOT is normal in velocity. No tricuspid regurgitation is noted. No additional valve leaks identified. No evidence of cardiac tumors or effusions in this scan.

**CARDIAC CHART**

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.7	200	0.51	1.9	0.50	57	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	1.4	1.37		1.2	1.3	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

Largely unchanged structural disease. Mild left atrial enlargement is unchanged; however, the LV is slightly increased comparatively. No significant hypertrophy is seen, and no additional issues are identified.

Given that the patient is doing well, no additional recommendations are necessary at this time.

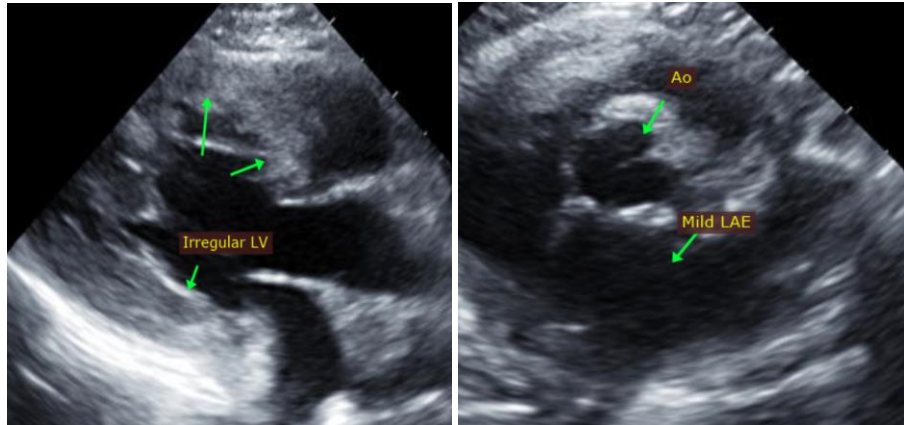
Monitor at home for any change in RR/RE, syncope or signs of a blood clot event (neurologic change, acute paralysis, etc.). Prognosis is guarded with highly variable rates of progression with subclinical feline heart disease.

### PLAN

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any 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.

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com