


**PATIENT**

Dexter D'Alessandro

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

13.44lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 East Credit Veterinary  
 Hospital

**REFERRING VET**

Dr. Webster

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Diabetic was well controlled on Lantus until early August. In early August he became inappetent (highly unusual), lethargic and dehydrated. Blood glucose became uncontrollable. Was diagnosed and treated with pancreatitis. Has had CaOx urolithiasis, which was removed surgically, ongoing IBD, recurrent pancreatitis and hypokalemia secondary to adrenal mass, which after surgical risks opted to treat with Spironolactone and Potassium gluconate. This past Sunday he stopped eating again and became lethargic. Increase in his heart murmur, now a grade 4/6. Seemed to be walking plantigrade.

-Abnormal PE/Chem/CBC/UA Results: Decreased RBCs, increased WBCs, decreased Lymphs, increased Monocytes, increase SDMA(36), increase glucose, increased Creatinine, phosphorous, calcium and potassium, decreased Na/K ratio. Very elevated FPL

-Pertinent previous echo findings (1/2021 MML): Normal/remodeling with DRVOTO.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with 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. Trace MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is mildly elevated with a dynamic profile. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.1	140	0.49	1.45	0.52	50	86
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	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	1.3	1.2		1.5	2.1	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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Persistently normal cardiac structure and function. The LV wall thickness remains normal with diffuse remodeling and fibrosis. The LA is normal indicating low risk for complication. The flow murmur persists with is exacerbated by stress, tachycardia and/or volume changes and is suspected to be the case here. No additional issues are identified.

**INVOICE**

21043

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Given these findings, no medications are indicated.

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Anesthetic risk is considered mild. With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

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DSH

Monitor at home for any signs of cardiac disease including respiratory changes.

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**PLAN**

Recommend recheck echocardiogram in 1 year to continue to monitor for development of disease the murmur may mask.

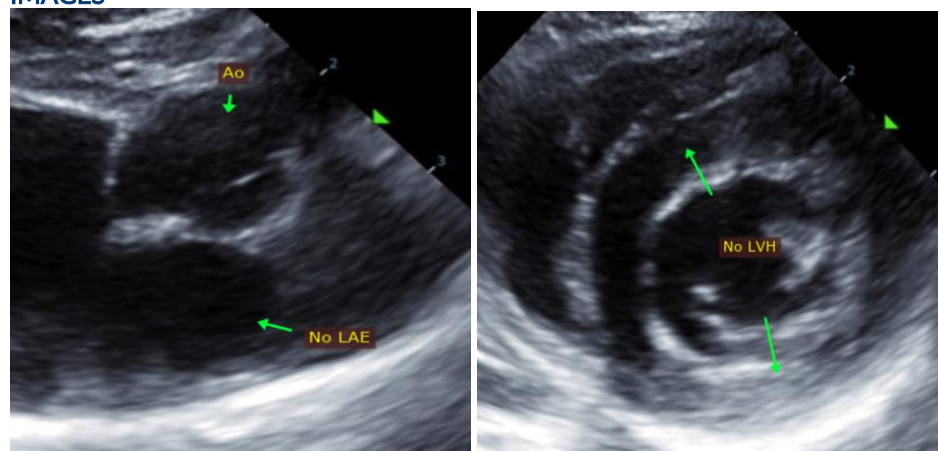
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**IMAGES**

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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**

Crystal Hill, RVT

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.

**HOSPITAL NAME**

East Credit Veterinary  
Hospital

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