


PATIENT

Catcher Parkhill

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

6.1lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Beattie Pet Hospital
 Burlington

REFERRING VET

Dr. Aziz

INVOICE

21059

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Moderate muscle wasting along spinal process and HLs. Knub arm LF, Grade 3/6 systolic heart murmur, audible across all lung field. Normal pulse and rhythm. History of elevated kidney enzymes, WBC

-Abnormal PE/Chem/CBC/UA Results: BACc Suspect presence SDMA 28 HIGH 0-14 µg/dL ALB 30 23-39 g/L ALKP < 10 < 14-111 U/L ALT 47 12-130 U/L UREA 19 HIGH 5.7-12.9 mmol/L CREA 522 HIGH 71-212 µmol/L GLOB 53 HIGH 28-51 g/L GLU 8.94 HIGH 3.95-8.84 mmol/L 140hpm /20rpm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of significant irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT is normal. No evidence of cardiac tumors or metastatic lesions on this scan.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.75	167				60	93
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	1.4	1.17	1.1	1.0	0.81	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

Overtly normal geriatric structure and function. No significant LV hypertrophy is identified, and the LA is normal. There is, however, a significant amount of LV remodeling and irregularity, which may be indicative of early pathology or simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of the findings in the future. No obvious cause of the murmur is identified, making it likely physiologic in origin.

Given these findings, no medications are indicated at this time.



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If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally, a screening blood pressure is recommended in any older cat prior to general anesthesia.

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Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

SEX

Male Neutered

Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

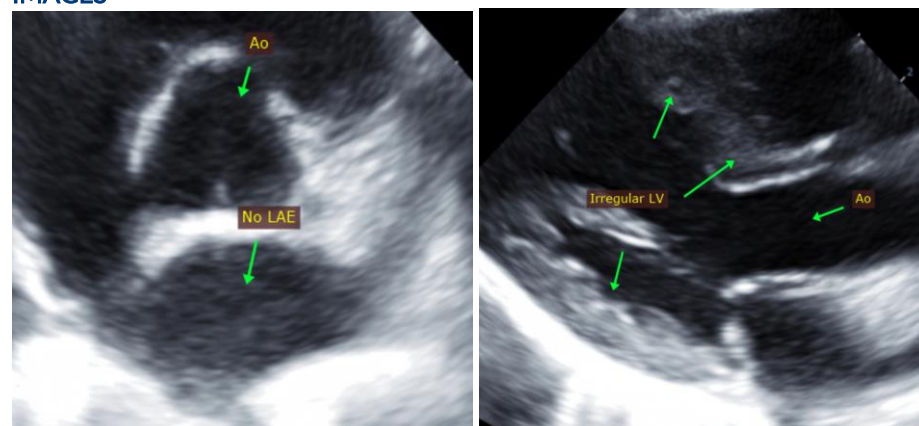
IMAGES

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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

Kelly Reschny, 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

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Burlington

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