

PATIENT

Rascal McRae

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

~12.5 years

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg

REFERRING VET

Dr. Jarrett

INVOICE

21064

DATE

9/19/21

PRESENTING CLINICAL SIGNS

History: New grade I/VI heart murmur ausculted. Recently treated for severe middle/inner ear infection that caused intracranial abscess. Recent MRI was good. Had increased respiratory sounds, believed to be from tracheal compression from the abscess. Assess prior to dental.

-Abnormal PE/Chem/CBC/UA Results: CBC/Chem/SDMA/T4: WNL other than BUN 41 (SDMA 7, T4 1.5).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis and ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. 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. There is trivial mitral regurgitation present. Mild tricuspid regurgitation identified. Normal TR velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

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	5.3	134	0.54	1.2	0.54	59	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (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	1.2	1.2	1.2	0.72	0.8	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.

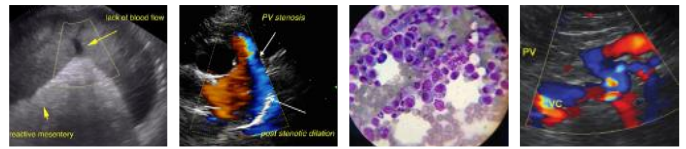
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mild tricuspid regurgitation. TR in cats is most often physiologic, with little progression or clinical relevance. There is also a fair amount of remodeling and fibrosis of the left ventricular wall which are likely age-related changes. Both atria are normal, indicating low risk for complication. No additional issues are noted.

No obvious cardiac contribution to clinical signs is suspected.

No cardiac contraindication for anesthesia at this time.

No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).



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Recommend recheck echocardiogram in 12 months to screen for progression.

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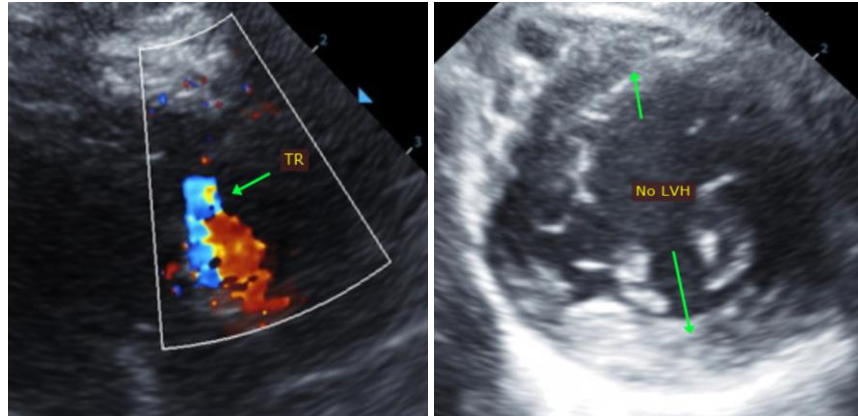
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IMAGES



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
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