

PATIENT

Sonny Seegert

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Fred Gromalak, DVM

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Kalirawana

INVOICE

21056

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Pimobendan and Benazepril.

-Pertinent previous echo findings (10/2020 MML): Borderline LVH, mild LAE, prominent RA. IVSd: 0.54, LVWd: 0.58, LA: 1.55.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. False tendon. Remodeled mildly hypertrophied papillary muscles. The LV chamber is normal in dimension; however, the systolic function is mildly depressed. The left atrium is mildly dilated. No obvious spontaneous contrast. The right atrium is prominent. No obvious TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors 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	6.4	190	0.54	1.7	0.57	30	62
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	NM	1.6	1.6			1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UCM persists with relative stable. Compared to the prior study, the LV appearance and dimensions are similar with unchanged LA enlargement. One development is mild systolic dysfunction; however, the patient is already on Pimobendan which should be continued. No additional issues are identified.

Continuing Pimobendan and Benazepril is recommended long-term. A baseline BP should be monitored every 6 months due to ACEI therapy. No additional medications are clearly indicated.

Prognosis remains guarded long term. Patient will always be at risk for progression to CHF, development of blood clot events and/or sudden death in the future.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically



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necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SPECIES

Feline

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

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PLAN

Continue Pimobendan and Benazepril as prescribed.

SEX

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A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation.

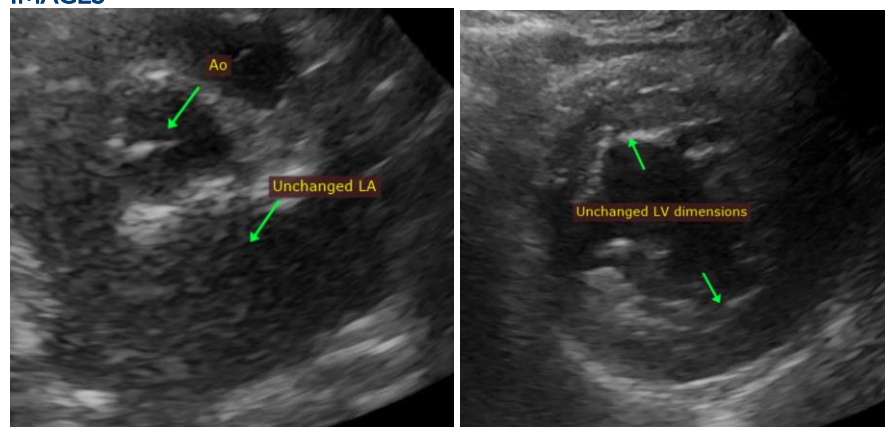
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IMAGES

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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

Fred Gromalak, DVM

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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