



PATIENT

Tiger T BHS

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3-4 murmur, PMI left sternal. BP: 117/81mmHg, HR 102bpm.
-Current medications: Plavix 75mg 1/4-tab SID, Vetmedin 1.25mg BID.
-Pertinent previous echo findings (6/2021 MML): Irregular LV, mild LVE, moderate LAE. IVSd: 0.84, LVWd: 0.36, LA: 1.7.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with a focal septal bulge and regions of thinning. Mild LV dilation. The systolic function appears mildly depressed; however, this is highly dependent on measurement plane. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and remodeled. The mitral valve is normal with trace central MR. The left atrium is moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with trivial TR. The right ventricle appears normal. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is elevated. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

AGE

10 years

CARDIAC CHART

WEIGHT

11.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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	5.4	111	0.61	1.96	0.37	29	50
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	1.5	1.8	1.8		0.73	2.6	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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Burlington Humane Society

REFERRING VET

Dr. Hall

INVOICE

21071

DATE

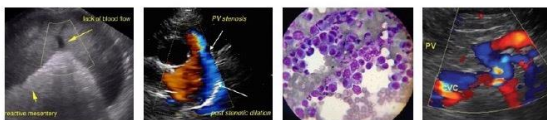
9/16/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable yet significant structural disease persists. The LV remains highly abnormal; however, the LA dimension is largely unchanged. Systolic dysfunction is appreciated which would be a new finding; however, this is highly dependent on measurement plane and is of unknown significance. Regardless, the patient is already on Pimobendan which should certainly be continued. No additional issues are identified.

Given these findings, continue two medications as prescribed. No obvious indication for additional medications at this time.

The long-term prognosis remains guarded. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is



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certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

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Elective anesthesia is not advised.

PLAN
Screening BP and T4 are recommended every 6 months. Continue Plavix and Pimobendan as previously recommended.

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DSH
A recheck echocardiogram is recommended in 6 months to assess progression.

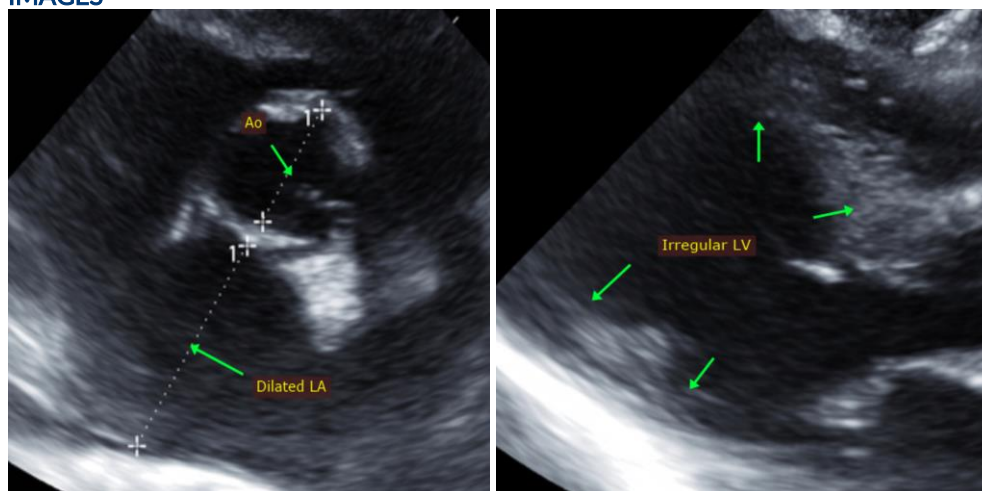
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IMAGES



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.

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
Burlington Humane
Society

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