



PATIENT

Jiji Bashor

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2003

WEIGHT

9.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Deloizer

PRESENTING CLINICAL SIGNS

History: weight loss, slight lethargy, slightly decreased appetite, anemia, increased renal enzymes, large spike in cardiac BnP; We have permission to aspirate and cytology anything safe enough to do so. Pertinent abnormal PE/Chem/CBC/UA Results: Chronic renal disease.

Current medications: Not provided by the veterinarian.

Blood pressure: Not provided by the veterinarian.

Sedation used: Sedation not required for scan.

Pertinent previous ultrasound results: 12-17-20 MML- no LVH, no LAE, intermittent DRVOTO

STAT: Not requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, with regions of irregularity. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is normal in size. Prominent aortic root. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity; however, an intermittent DRVOTO is suspected on color flow imaging. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	200	0.51	1.6	0.49	66	95
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	NM	1.2	1.0	0.6	1.1	NM	

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.

INVOICE

20863

DATE

9/3/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

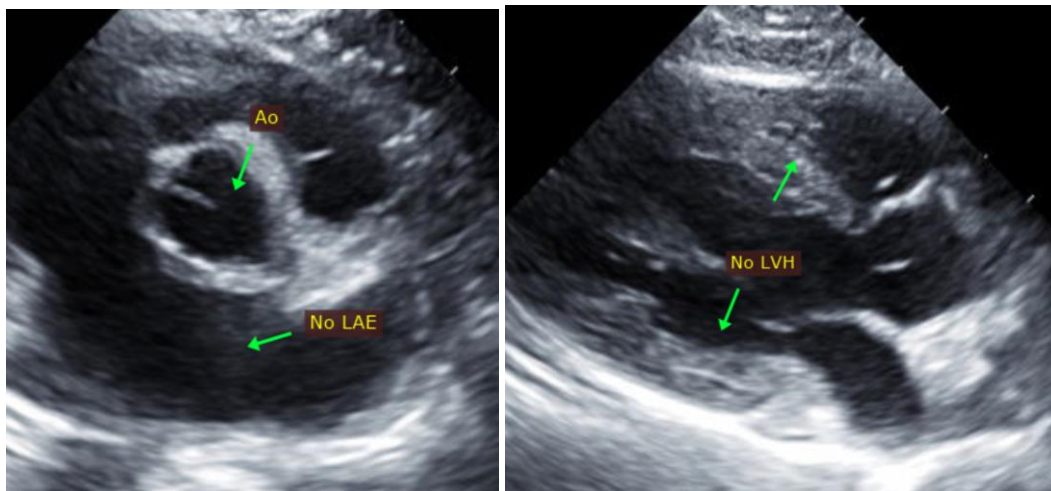
Overtly normal cardiac structure and function persists with no evidence of progression. The LV wall thickness remains normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. The murmur remains benign, due to a dynamic RVOTO. Given these findings, no medications are indicated.

The increase in BNP is suspected to be secondary to renal disease; however, systemic hypertension should be ruled out.

Anesthetic risk is considered mild. With 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. 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.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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.

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