



PATIENT

Bulldozer Mather

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

9.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. BeVirt

INVOICE

26174

DATE

/22

PRESENTING CLINICAL SIGNS

History: History of lethargy, third eyelid exposed (tearing/drainage), slight inappetence. Increased ProBNP with heart murmur. Borderline proteinuria, early renal disease, euthyroid, hematuria. Abnormal PE/Chem/CBC/UA Results: ProBNP 456 increased SDMA 18 UA upc 0.3 SB 1.018, pH 6.5 T4 3.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with moderate septal thickening; however, the remainder appears normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal with trace MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is normal on doppler; however, color flow and 2D imaging suggests of an intermittent LVOTO. No AI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	4.2	185	0.75	1.4	0.5	57	92
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	1.2	1.1		0.83	1.1	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 primary abnormality identified is septal hypertrophy in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. The LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, there is a mild LVOT obstruction with secondary MR, which appears intermittent and does not warrant therapy. No additional issues are identified. A baseline BP and T4 are strongly recommended.

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 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.

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PATIENT

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Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

SPECIES

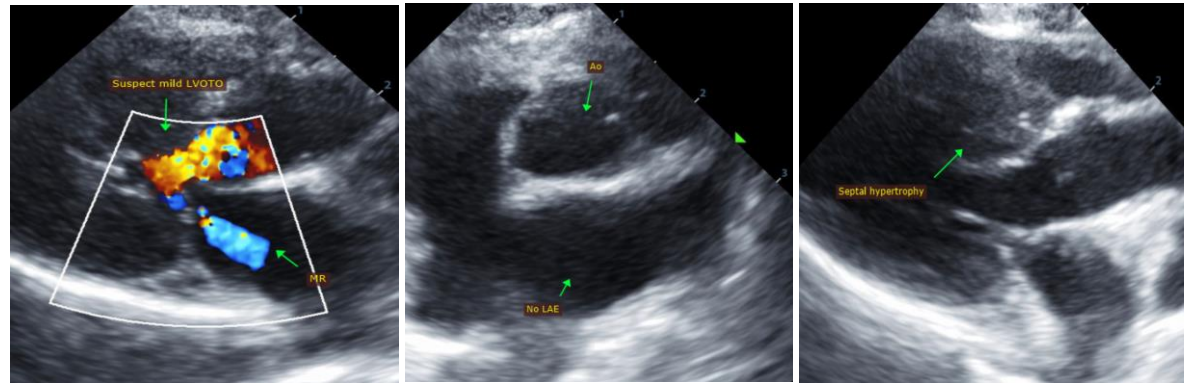
Feline

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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.

WEIGHT

9.3lbs

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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