

**PATIENT**

Percy Regner

PRESENTING CLINICAL SIGNS

History: History of a grade 3/6 sternal heart murmur. Lungs auscultate WNL. History of rodent ulcer and ear pinna inflammation.

-Abnormal PE/Chem/CBC/UA Results: ProBNP 146 T4 WNL CBC/Chem WNL.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF.

BREED

DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. The endocardium also appears remodeled. The MV appears normal. A mildly elevated LVOT velocity is noted on color flow and Spectral doppler. Mild MR. The left atrium is normal in size. The right atrium is normal. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. Trace TR. Normal velocity. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

AGE

11 years

CARDIAC CHART**WEIGHT**

11lbs

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	5.0	190	0.46	1.1	0.50	48	90
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	1.3	1.3	1.2		1.7	1.5	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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is a LVOT obstruction, secondary to abnormal valve movement at elevated heart rates. There are also irregular LV wall dimensions, in addition to mild remodeling and fibrosis of the left ventricular wall. These changes may be indicative of early cardiac disease (HOCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression and clinical relevance of both findings. No additional issues are identified.

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Binor

In patients with persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and borderline normal LA/LV dimensions, no medications are clearly indicated.

INVOICE

26495

From a structural standpoint, anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as

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this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

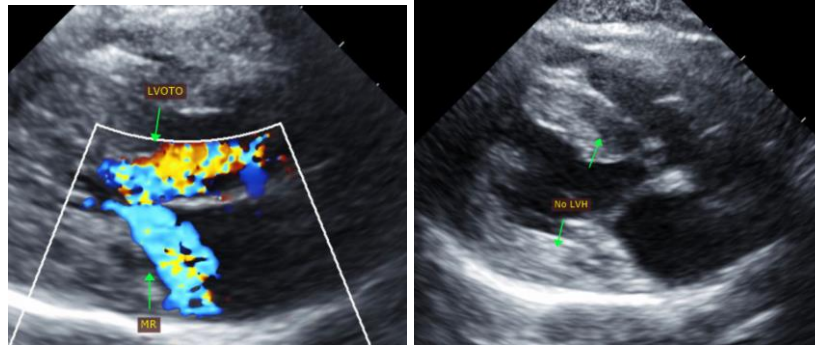
WEIGHT

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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. 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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