



**PATIENT**

Evie Sternberg

**SPECIES**

Feline

**BREED**

Domestic Short Hair

**SEX**

Female Spayed

**AGE**

2005

**WEIGHT**

5.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Pre-anesthetic w/in 30 days, recheck echo.

-Sedation used: Oral Gabapentin.

-Pertinent previous echo findings (2/2021 MML): Mild LAE, mild to moderate MR, mild TR. LA; 1.38.

-STAT: Not requested.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of fibrosis and remodeling. There is a mildly hyperechoic endocardium. False tendon. The papillary muscles are remodeled and mildly enlarged. No significant hypertrophy seen. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility. Mild central MR. Mild tricuspid regurgitation. Normal TR velocity. The right atrium is normal. The right ventricle is normal. Mild TR. Blood flow through the LVOT and RVOT is normal. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.5	140	0.47	1.4	0.42	52	87
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	1.4	1.36		1.1	0.62	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.

**HOSPITAL NAME**

Cat Hospital at  
Towson

**REFERRING VET**

Dr. Brunt

**INVOICE**

21172

**DATE**

9/22/21

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unchanged cardiac structure and function is identified in this study. Mild left atrial enlargement persists; however, there is no evidence of progression. Mild MR and TR are unchanged with no evidence of concurrent issues, like pulmonary hypertension.

While UCM is still suspected in this case, the disease appears stable, and prognosis is open. Serial monitoring remains advised. No medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

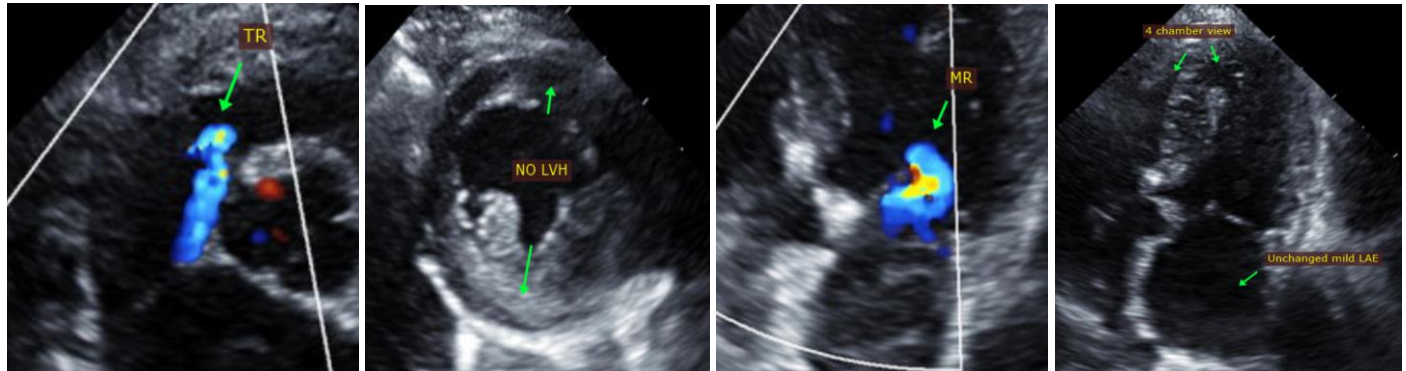
Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

## PLAN

Monitor BP every 6 months.

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise.

## 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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