

IMAGING PERFORMED BY

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PATIENT

Nala Loeser

PRESENTING CLINICAL SIGNS

History: New grade 5 murmur.

-Pertinent abnormal PE/Chem/CBC/UA Results: SDMA: 16, Creat: 2.5, BUN: 43, T4: WNL.

-Sedation used: Declined.

-STAT: Not requested.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are largely normal in dimension with a discrete septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is laminar and normal in velocity. Mild intermittent LVOT obstruction noted on color flow and 2D imaging. Trace mitral insufficiency noted associated with the obstruction. No valve leaks are identified. No evidence of cardiac tumors or effusions in this scan.

CARDIAC CHART

AGE

8 years

WEIGHT

8.03lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.6	174	0.79	1.4	0.36	60	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	NM	1.3	1.3		1.55	1.2	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

Chadwell Animal Hospital

REFERRING VET

Dr. Gold

INVOICE

21205

DATE

9/24/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is a discrete upper septal thickening with an intermittent LVOT obstruction. While technically any hypertrophy is considered abnormal, this may also reflect a normal variant that should be followed up for progression going forward. Regardless, the obstruction is mild and intermittent, and medication is not yet warranted at this time. Serial monitoring is certainly recommended however to screen for progression. The LA is normal, indicating low risk for complication. A screening blood pressure and T4 are recommended every 6-12 months as contributing factors.

Given these findings, no medications are indicated at this time as there is little risk for complication.

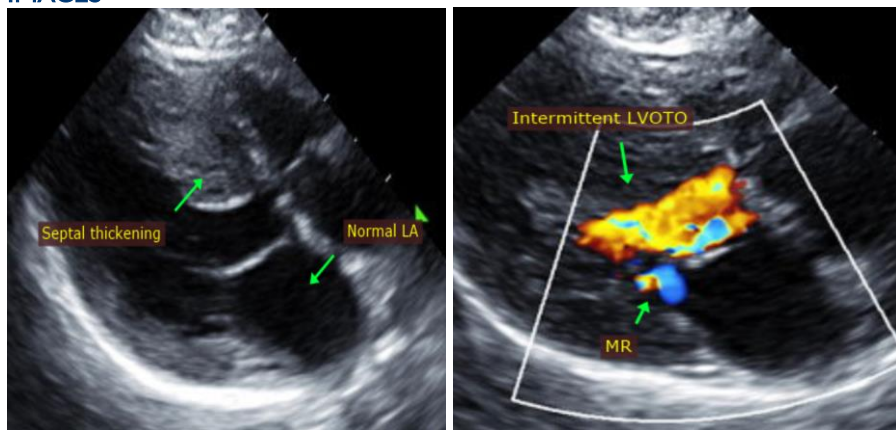
Anesthetic risk is low if needed, however this patient is at elevated risk for IV fluid overload given the diastolic dysfunction and remodeling; judicious fluid rates are advised. Avoid heart rate stimulating drugs such as glycopyrrolate or atropine. No other specific restrictions are necessary.

PLAN

Screening BP/T4 every 6 months recommended.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any associated 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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