


PATIENT

Casper BHS

PRESENTING CLINICAL SIGNS

History: Presented for atypical breathing. No murmur. Assess prior to anesthesia.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears mildly remodeled. The papillary muscles are normal in size and 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 in structure and mobility. Trace TR. No other obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART
AGE

5 years

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWd (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	5.42	120	0.36	1.4	0.36	43	78
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	1.1	1.0	0.77	0.63	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.*

IMAGING PERFORMED BY

Crystal Hill, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. No significant valve leaks are noted, and flow through the great vessels is normal. Given these findings, no medications are indicated.

HOSPITAL NAME

 Headon Forest
 Animal Hospital

These findings would suggest respiratory issues are noncardiac in origin. Consider CXR and/or further respiratory evaluation/treatment. It is worth noting that the heart rate during the exam is relatively low, if this is independent of sedation, further evaluation such as an ECG, Atropine challenge, etc. may be warranted.

REFERRING VET

Dr. Hall

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No cardiac contraindication for general anesthesia. Risk for complication with steroid or fluid therapy 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.

DATE

9/26/22

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



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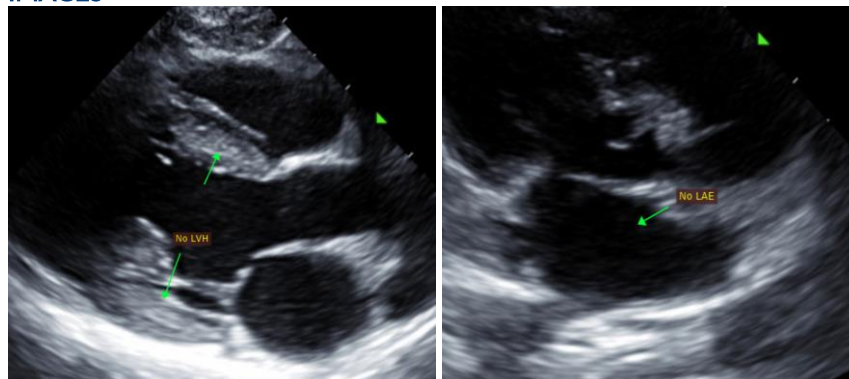
BREED

DSH

SEX

Male Neutered

IMAGES



AGE

5 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

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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.

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.

Maggie Machen Lamy, DVM
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