


PATIENT

Blu Larkin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

7.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Dr. Belan, DVM

HOSPITAL NAME

 Properties Animal
 Clinic

REFERRING VET

Dr. Morley

INVOICE

26573

DATE

9/27/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of Hyperthyroidism diagnosed at time of prior echo - on methimazole. CKD. Grade 2-4/6 murmur.

-Pertinent previous echo findings (2/2022 MML): Mild to moderate LVH, no LAE. IVSd: 0.69, LVWd: 0.67.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is high normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity; however, a dynamic profile is appreciated. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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	3.3	200	0.53	1.0	0.53	57	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	1.2	1.1	1.0		1.2	1.5	NM
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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

Overtly normal cardiac dimensions and function. Compared to the prior study, the LV thickening has normalized, likely due to adequate thyroid control which is good news. The left atrial dimension is normal, and there is minimal risk for complication at this time. The murmur is due to a heart rate dependent flow obstruction through the right ventricle (DRVOTO), which is a physiologic finding (i.e., benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. A baseline BP is recommended in any cat with CKD.

Given these findings, no medications are indicated at this time.

If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly



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elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally, a screening blood pressure is recommended in any older cat prior to general anesthesia.

SPECIES

Feline

Risk for complication with steroid use 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.

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DSH

Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

SEX

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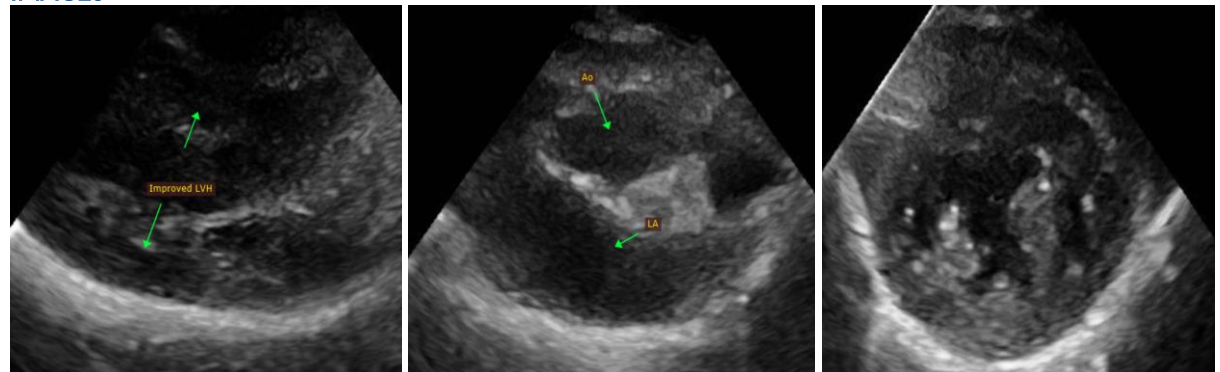
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IMAGES



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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Dr. Belan, DVM

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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