



PATIENT

Phoebe Rodriguez

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Barthelemy,
DVM

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Dr. Tathiana

INVOICE

26660

DATE

9/28/22

PRESENTING CLINICAL SIGNS

History: Presented for annual exam and vaccines. Had some mild labored breathing recently and inappetent with weight loss. Mild systolic murmur.

Abnormal PE/Chem/CBC/UA Results: Show neutrophils, monocytosis, thrombocytopenia (adequate on smear though). Increased SDMA. Moderate elevated total protein characterized by moderately elevated globulins.

-Radiographs: Muffled chest sounds with plural effusion.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size (LA;AO falsely elevated due to small aortic root). The MPA and branches are prominent. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No significant pericardial effusion. Large volume pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.9	NM	0.48	1.5	0.46	52	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.4	1.3		1.1	0.94	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Finally, the MPA and branches are prominent, which are likely secondary to current pleural effusion. Follow up is advised to determine clinical relevance (ie to determine if this is a persistent finding).

Given these findings and a normal LA dimension, no medications are indicated.



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These findings would certainly suggest pleural effusion is noncardiac in origin. Highly recommended further evaluation through fluid sampling/cytology, followed by advanced/focused thoracic ultrasound and/or CT scan pending results.

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No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

BREED

DSH

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

SEX

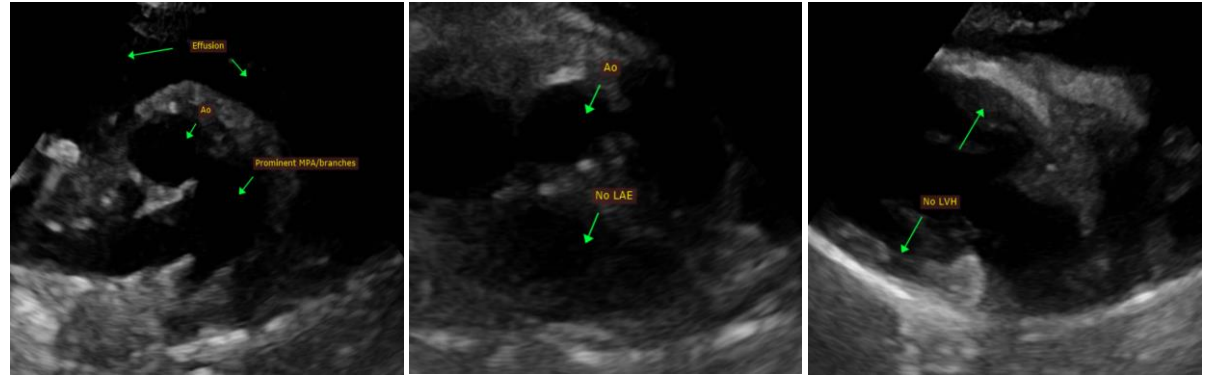
Female Spayed

Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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IMAGES



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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.

IMAGING PERFORMED BY

Sarah Barthelemy,
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.

HOSPITAL NAME

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Hospital

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