



PATIENT

Heart Kistler

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Male Neutered

AGE

2016

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

North Laurel Animal
Hospital

REFERRING VET

Dr. Cohn

INVOICE

21301

DATE

9/30/21

PRESENTING CLINICAL SIGNS

History: Recheck echo (declined follow-up last year and called for one this year). Asymptomatic.

-Current medications: Atenolol 6.5mg BID

-Sedation used: Not needed.

-Pertinent previous ultrasound results (10/3/1019 MML): No LVH, no LAE, MVD: controlled on Atenolol.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is minimal fibrosis and ventricular remodeling with regions of irregularity. Papillary muscles appear normal. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. No obvious abnormal anterior motion of the mitral valve is present. The anterior leaflet of the MV is elongated and thickened, consistent with some degree of dysplasia. There is trace aortic regurgitation present. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

CARDIAC CHART

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	4.4	160	0.4	1.4	0.4	48	83
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	1.2		1.0	0.8	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable disease with no LV hypertrophy and no evidence of an outflow tract obstruction. Trace AI is unchanged; however, the overall disease appears well controlled on Atenolol.

Prognosis remains fair to good long-term. Periodic screening is advised. There will always remain some risk for progression in the future.

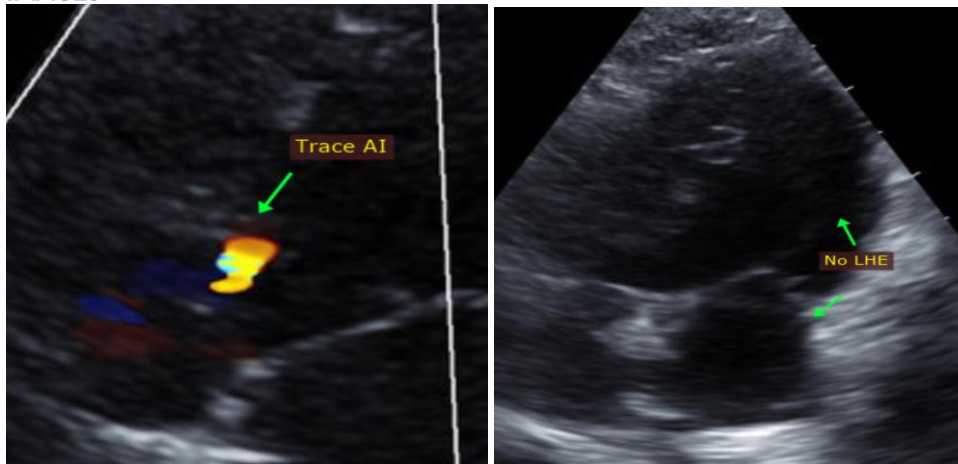
Monitor for any development of clinical signs, including labored breathing, coughing or signs of a blood clot (paralysis, neurologic change).

PLAN

Continue atenolol as prescribed.

A recheck echocardiogram is recommended in 12-24 months to screen for progression.

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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