**PATIENT**

Casey Gill

PRESENTING CLINICAL SIGNS

History: Recheck echocardiogram.

-Sedation used: Gabapentin given PO prior to scan.

-Pertinent previous ultrasound results: (7-28-2020 MML): Mild LVH, no LAE. IVSd: 0.67, LVWd: 0.64, LA: 1.07

SPECIES

Feline

-STAT: Not requested.

BREED

DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions of irregularity. 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. Trace/mild TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

SEX

Male Neutered

CARDIAC CHART**AGE**

11 years

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	170	0.67	1.3	0.65	59	92
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 (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	1.0	1.1		0.95	1.0	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.

INTERPRETED BYMaggie Machen
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Dr. Borrison

INVOICE

20932

DATE

9/8/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unchanged mild LV hypertrophy is identified in this study. No obvious evidence of progression and the LA remains normal. No concurrent issues are identified.

Given these findings, no medications remain indicated. Prognosis is guarded yet highly variable long-term.

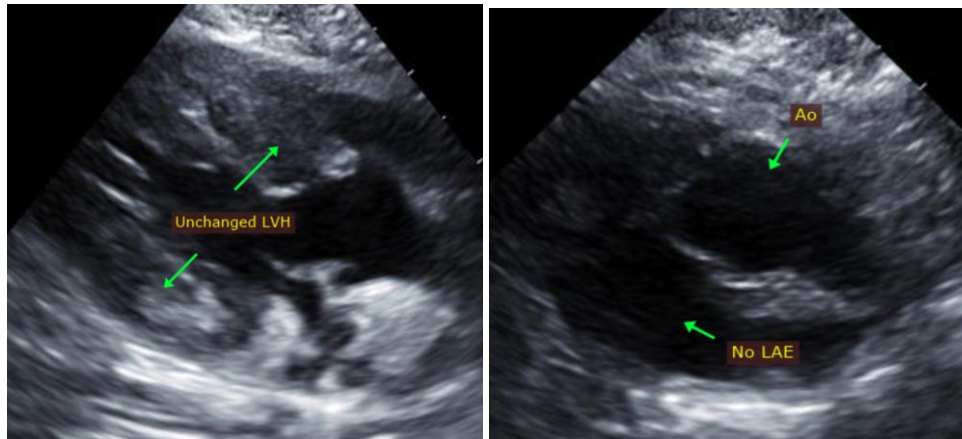
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed for CKD with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

PLAN

Monitor blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any 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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