



PATIENT

Esther Hearst

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

14.64lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Fluoxetine 5mg per day and Thyroid supplementation

-Pertinent previous echo findings (3/2021 MML): No LVH, borderline FS: 38%, mild LAE. LA: 1.4, suspect UCM with progression.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, with borderline systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Papillary muscle fibrosis and remodeling. The left atrium is mildly progressively dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

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	6.6	180	0.43	1.67	0.46	43	80
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	1.46	1.4	1.4		0.73	0.8	NM
<p><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.</p>							

HOSPITAL NAME

West Hills Animal Hospital

REFERRING VET

Dr. Remcho

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20924

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the disease appears similar to the prior evaluation. The LV wall thickness is normal with diffuse remodeling and no progressive systolic dysfunction. The LA remains mildly dilated and unchanged. No additional issues are identified. Prognosis remains guarded long-term, given the highly variable rates of progression in sub-clinical feline cardiomyopathy.

Medications were discussed in the prior study, yet none are listed in the history. It is assumed that these are not being given. If this is accurate, these can still be considered going forward if the patient is able to be medicated.

Anesthetic risk remains mildly elevated, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction,



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isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

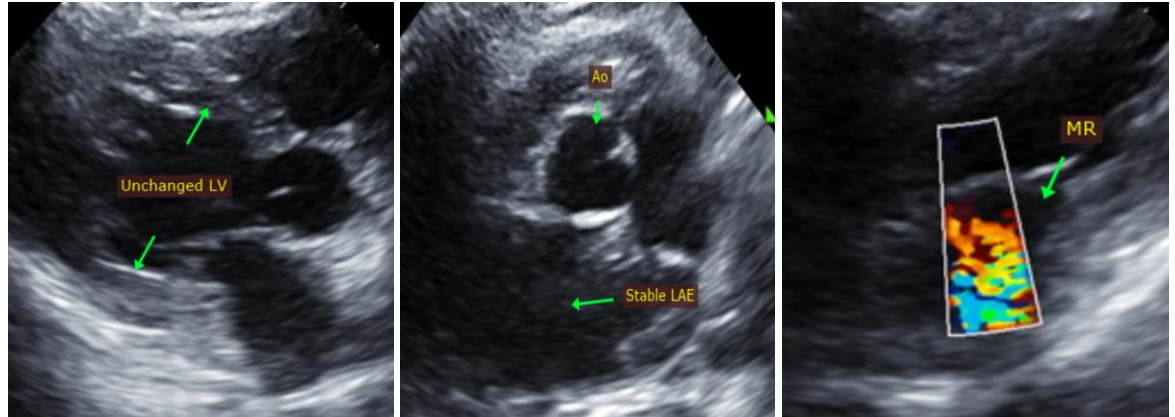
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

If elect to medicate, institute Pimobendan 0.625mg PO q12h. Institute ACE-I 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6-12 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.

Maggie Machen Lamy, DVM
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