



PATIENT

Phineas Allen-Fuss

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

12.5 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Campbell

INVOICE

28491

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: Grade II/VI systolic murmur. A ProBNP value measured in July 2022 was WNL. Abdominal ultrasound was performed in December due to ongoing weight loss and lethargy. Dr. Lindquist read the AUS which showed renal mineralization and mild to moderate degenerative changes with infarcts. There was also slight mesenteric lymphadenopathy. Phineas' owner reports that his preference for food keeps changing and he has intermittent anorexia. Cerenia has helped. Mirataz ointment is given once to twice weekly if appetite is decreased. Solensia was given today as Phineas is having more difficulty jumping on the bed. Blood pressure today was 162/136, 158/123, 158/122mmHg.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 200bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

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. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. The tricuspid valve appears normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	NM	0.50	1.55	0.43	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	1.0	1.2	1.1	1.4	1.0	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



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this study, making it likely physiologic in origin (i.e. secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated. The ECG is unremarkable with a normal sinus tachycardia.

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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

DLH

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

SEX

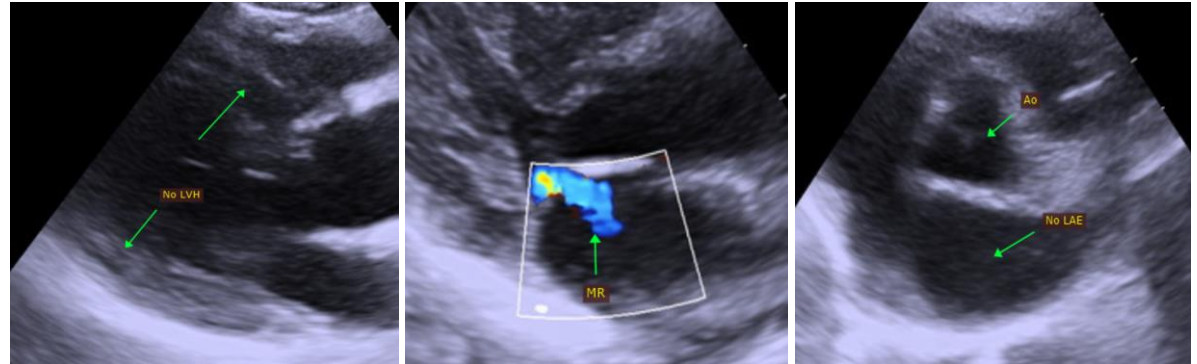
Male Neutered

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

AGE

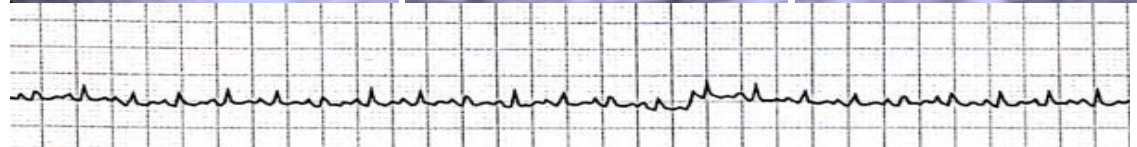
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IMAGES



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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

Jennifer Todd, 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

Lambs Gap Animal Hospital

REFERRING VET

Dr. Campbell

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