


PATIENT

Izzie Suttle

PRESENTING CLINICAL SIGNS

History: Patient presents for arrhythmia.

SPECIES

Feline

BREED

Maine Coon

SEX

Female Spayed

AGE

9 years

WEIGHT

14.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

 Animal General on
 Hudson

REFERRING VET

Dr. Freedman

INVOICE

21390

DATE

10/6/21

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension although highly irregular with septal curvature. No significant LV hypertrophy is identified. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified. Premature beats noted throughout.

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	3.7	175	0.39	1.7	0.41	53	92
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	1.3	1.2	1.0		1.1	0.9	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 is identified in this study. The LV is quite remodeled and irregular which may be indicative of early cardiac disease (such as UCM/RCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression. Regardless, no additional issues are identified, and the LA dimension is normal.

An arrhythmia is noted in the history and there is suspicion for premature beats throughout the study (VPCs or APCs). This should be confirmed on a screening ECG. If present, premature beats are unlikely to be due to structural changes seen here and full systemic evaluation is advised. Follow up/treatment should be based upon the ECG report.

Anesthesia is not advised prior to further evaluation of the ECG as this may reflect a contraindication. No structural contraindication is identified.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.



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A recheck echocardiogram and ECG are recommended in 6-12 months to screen for progressive changes.

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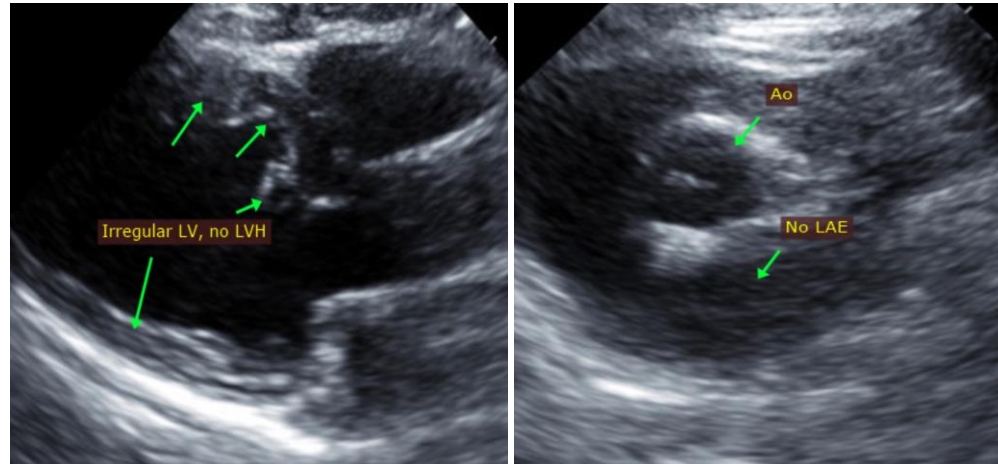
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IMAGES



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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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