



PATIENT

Daisy Petroczy

PRESENTING CLINICAL SIGNS

History: Recheck echo. Persistent grade 5/6 heart murmur. BP: 130mmHg.
-Current medications: Pimobendan 0.625mg q12h, Clopidogrel 18.75mg q24h, Atenolol 6.25mg q24h, furosemide 5mg q12h.
-Pertinent previous echo findings (3/2022 MML): APCs versus AF. Moderate to severe LVH, VSD L-R, marked LAE with smoke, SAM, mild MR, PCE.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

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, 20mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 150bpm. P for every QRS complex and vice versa. The P and QRS morphologies are inverted. Isolated APCs throughout with a single VPC. No additional dysrhythmias are observed.
ECG diagnosis: Normal sinus rhythm with APCs and VPCs.

AGE

5 years

WEIGHT

7.7lbs

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with regions of asymmetry. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle remodeling and irregularity. The previously diagnosed VSD is less apparent; however, a color jet persists crossing left to right. The right ventricle appears normal. There is marked left atrial enlargement present with a horizontal component. Subtle smoke. No obvious thrombi. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a mild LVOTO (not captured on doppler). There is mild mitral regurgitation. No AI and trace PI. Scant pericardial effusion. No pleural effusion noted. No obvious cardiac tumors.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

CARDIAC CHART

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Snelgrove Veterinary
Services

REFERRING VET

Dr. Gunsinger

INVOICE

26750

DATE

10/6/22

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	3.47	150	0.8	1.3	0.86	48	82
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	>3.0	>3.0	2.7		1.1	1.2	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.*



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, the findings appear similar. The degree of disease remains marked with marked left atrial enlargement and evidence of smoke. The VSD appears similar, and no additional issues are identified. Scant pericardial effusion persists; however, if the patient is doing well this does not necessarily warrant medication adjustments.

Finally, the ECG does show persistent APCs and a single VPC. Atrial fibrillation is ruled out on this tracing. No treatment of premature beats is warranted, as these are not surprising given marked left atrial enlargement. Monitor for signs of sustained arrhythmias, such as acute lethargy or collapse.

Despite a clinical stable patient, these findings are considered end-stage and the patient is at risk for acute sudden death at any time. That being said, a lack of symptoms thus far is certainly a good sign.

Continue to monitor as previously discussed.

Elective anesthesia, fluid therapy and/or steroids are not advised as all pose high risk for complication.

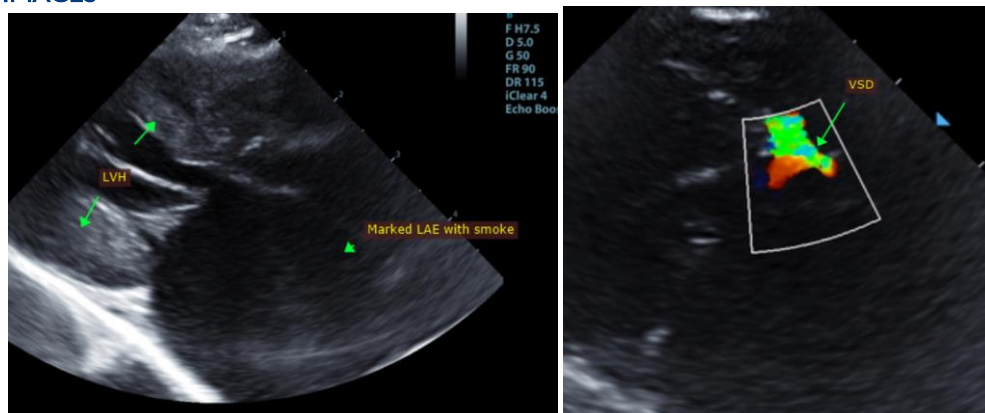
PLAN

Continue Pimobendan, Plavix, Atenolol and Lasix as previously recommended. No obvious indication for additional medications at this time. Recurrent CHF in the future will warrant institution of Spironolactone as well as a Lasix increased.

Monitor BP, heart rate and renal panel every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6-12 months.

IMAGES





PATIENT

Daisy Petroczy

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.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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