


PATIENT

Zoey Perit

SPECIES

Feline

BREED

Siamese

SEX

Female Spayed

AGE

10 years

WEIGHT

10.1lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING
PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Snelgrove Veterinary
 Services

REFERRING VET

Dr. Perit

INVOICE

26751

DATE

10/6/22

PRESENTING CLINICAL SIGNS

History: Sudden onset of increased respiratory rate and effort 09/26/2022 (RR 70 breaths per minute with abdominal effort) - Hospitalized in oxygen cage for 48 hours, with gradual weaning of oxygen - Initial spO2 91-95% on room air, spO2 on discharge 98% on room air - Since discharge has had intermittent increased respiratory rate after exertion or stress; resting RR WNL. No murmur heard.

-Current medications: Furosemide 10mg/mL 0.9mL BID, salbutamol 100mcg 1 puff BID, gabapentin 100mg 1 capsule PRN

-Abnormal PE/Chem/CBC/UA Results: WBC 20.09 (2.87 - 17.02) Neutrophils 17.59 (2.30 - 10.29) Urea (BUN) 5.5 (5.7 - 12.9) ALP 12 (14 - 111).

-Radiographs: Diffuse bronchointerstitial pattern throughout both lung fields, otherwise radiographs unremarkable.

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; 50mm/s, 20mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

| 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 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 4.59 | 165 | 0.4 | 1.0 | 0.4 | 52 | 90 |
| 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 <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | 1.1 | 1.0 | 0.8 | 0.7 | 0.7 | 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

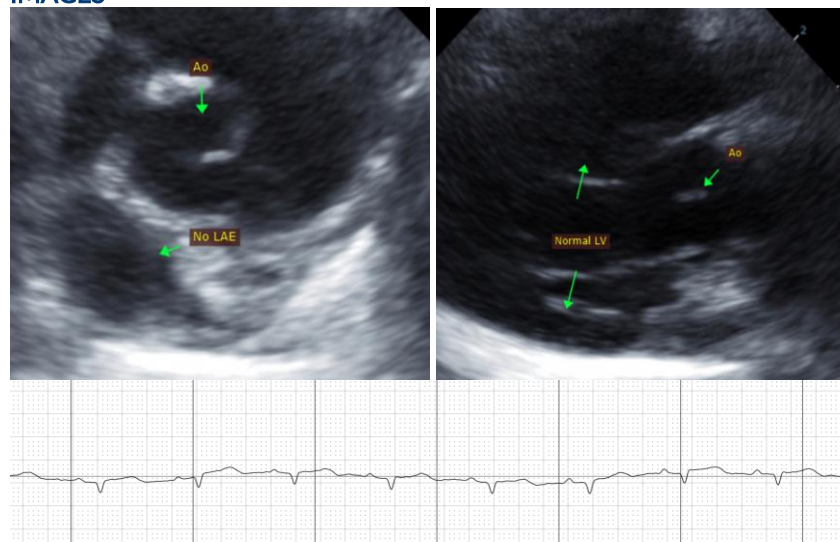
Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated. The ECG is unremarkable with a normal sinus rhythm.

These findings rule out CHF as the cause of recent respiratory signs. Lasix can be safely discontinued. Consider primary respiratory issues more likely.

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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