



**PATIENT**

Evie Sternberg

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11.10.05

**WEIGHT**

6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Nexus Veterinary  
Specialists

**REFERRING VET**

Dr. Steele

**INVOICE**

27691

**DATE**

11.29.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. CKD IRIS stage III, mild microcytic anemia, weight loss, chronic vomiting, intermittent poor appetite, controlled hyperthyroidism. History of mild UCM (stable at last echo), recent increase in BNP. Mild muscle atrophy on PE, small kidneys bilaterally, intermittent gallop rhythm.

-Pertinent abnormal PE/Chem/CBC/UA Results: 11/28: HCT 26% (microcytic, non-regen)  
10/27: HCT 26.8% (micro, non-regen), creat 3.3, SDMA 22, BUN 57, BNP 1500, USG 1.014  
w/hematuria, 100 RBC/hpf

-Current medications: Methimazole 2.5mg once daily, SQF 50mL daily, Renal K powder 2 scoops BID, Revolution Plus

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (9/2021 MML): No LVH, mild LAE, mild MR/TR. Suspect UCM.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

**ELECTROCARDIOGRAPHIC FINDINGS**

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 188bpm 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. A single VPC is identified. No APCs, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with a single VPC.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of fibrosis and remodeling. There is a mildly hyperechoic endocardium. False tendon. The papillary muscles are remodeled and mildly enlarged. No significant hypertrophy seen. The left atrium is severely dilated with evidence of smoke. The mitral valve is normal in structure and mobility. Mild central MR. Mild tricuspid regurgitation. The right atrium is mildly dilated. The right ventricle is normal. Blood flow through the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.7	200	0.40	1.37	0.41	45	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	NM	2.0	1.8		0.85	0.7	NM

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

Compared to the prior study, there is evidence of significant progression. The LV remains unremarkable and similar to previous; however, severe left atrial dilation has developed with evidence of smoke. Mild right atrial enlargement is also noted; however, MR and TR are unchanged. No additional issues are identified.

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA dilation I would consider institution of both Pimobendan and Plavix at this juncture. No obvious indication for additional medications at this time.

The ECG shows a normal sinus rhythm with one isolated VPC. This is likely secondary to stress and underlying structural disease in this case. A single abnormal beat does not warrant therapy; however, monitoring for signs of sustained arrhythmias is recommended (acute syncope or lethargy).

Elective anesthesia is not advised.

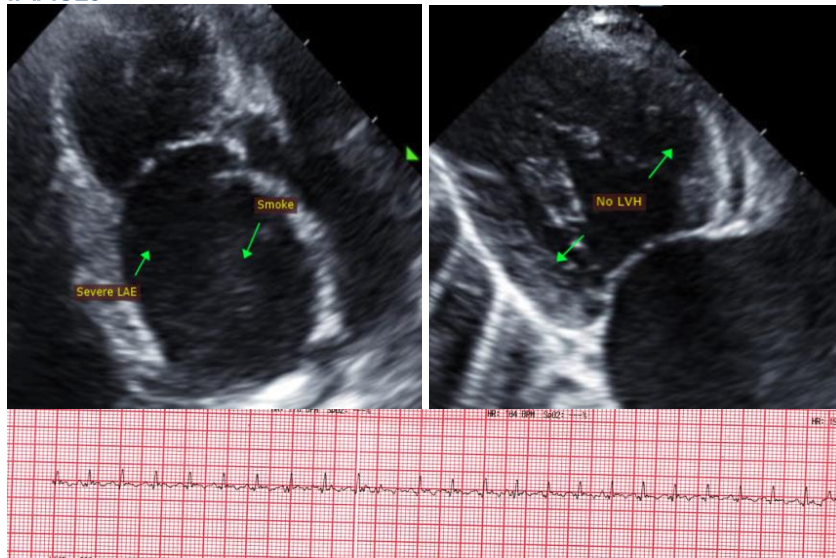
Monitor for any development of clinical signs at home, including labored breathing, cough, or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future. Prognosis is guarded to poor long-term given the degree of disease seen here

## PLAN

Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap). Institute Pimobendan 1.25mg PO q12h. Baseline BP is recommended.

A recheck echocardiogram and ECG are recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

## 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.

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