



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stevie Good
SPECIES Feline
History: Presented for spay 04-18-22, exam normal, sedated and put under general anesthesia. ECG wasn't normal and developed gallop rhythm. Also had increased ALT 115- aborted surgery due to both ECG and ALT being off. Recheck blood 05-04-22, after changing food. Normalized to 91. ECG didn't normalize at later date 05-30-22 without sedation, but heart sounded normal. No murmur. Assess prior to anesthesia.
-Abnormal PE/Chem/CBC/UA Results: ALT was elevated; normalized recheck 2 weeks later.

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

BREED DSH
SEX Female Intact
A single lead ECG is available; 50mm/s, 20mm/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, QRS and T wave are inverted suggesting atypical device orientation. No ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

AGE ECHOCARDIOGRAM FINDINGS

AGE 1 year
WEIGHT 6.4lbs
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 mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. 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. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

INTERPRETED BY CARDIAC CHART

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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	2.9	196	0.43	1.4	0.48	49	84
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	1.2	1.1	1.0		1.1	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.

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues are documented.

DATE

11/30/22



PATIENT

Stevie Good

The ECG is unremarkable with a sinus tachycardia. My suspicion is that an exaggerated T wave deflection is what was seen on the prior tracing; however, a single lead tracing makes this extremely difficult to interpret. Consider a six lead ECG, particularly if any auscultated arrhythmias are noted in the future. What is seen here is of little concern.

SPECIES

Feline

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed), and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

BREED

DSH

No cardiac contraindication for general anesthesia at this time.

SEX

Female Intact

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

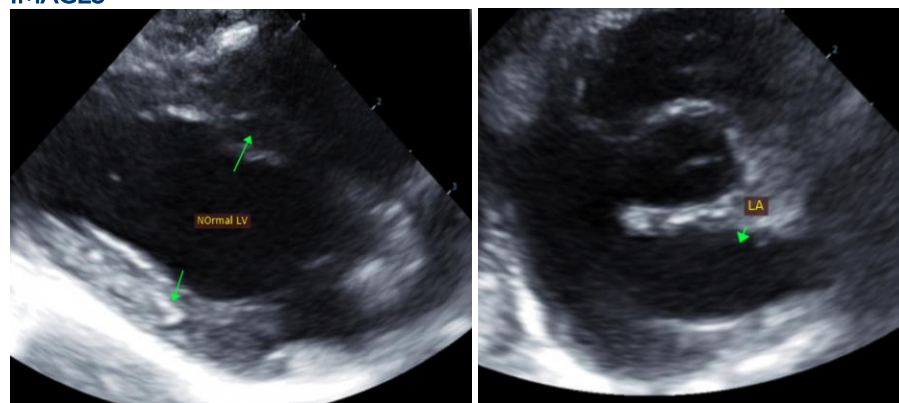
AGE

1 year

IMAGES

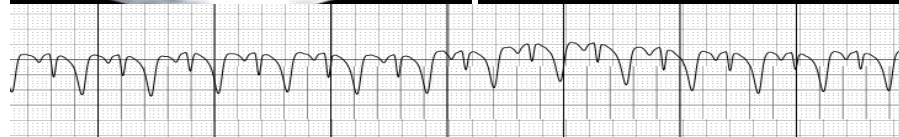
WEIGHT

6.4lbs



INTERPRETED BY

Maggie Machen Lamy,
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IMAGING PERFORMED BY

Kelly Reschny, RVT

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.

HOSPITAL NAME

Wellington Veterinary
Service

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.

REFERRING VET

Dr. Tomlin

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INVOICE

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DATE

11/30/22