


PATIENT

Gary Milligan

PRESENTING CLINICAL SIGNS

History: History of sporadic vomiting. Grade III/VI systolic murmur. NSF otherwise.

-Current medications: Has been on Prednisolone 2.5mg q24h.

-Abnormal PE/Chem/CBC/UA Results: RBC 6.04 (6.54-12.2), Hct 29.3 (30.3-52.3), WBC 24.51 (2.87-17.02), Neut 19.09 (2.3-10.29). BUN 5.4 (5.7-12.9).

SPECIES

Feline

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 average heart rate is 230bpm with a 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. No ectopic beats, pauses or other dysrhythmias observed.

BREED

DLH

SEX

Male Neutered

ECG diagnosis: Normal sinus tachycardia.

AGE

13 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions or irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

WEIGHT

12lbs

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	5.4	230	0.63	1.26	1.62	56	89
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.5	1.4	1.35		NM	1.1	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.

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Snelgrove Veterinary Services

REFERRING VET

Dr. Gunsinger

INVOICE

27342

DATE

11/8/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be considered in this case. Regardless, the degree of disease is mild, with only mild LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified. No cause for the murmur is identified in this study, making it likely physiologic in origin. The ECG is most consistent with a sinus tachycardia, albeit with a significantly elevated heart rate. No follow up is advised.



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No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

SPECIES

Feline

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

BREED

DLH

SEX

Male Neutered

PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

AGE

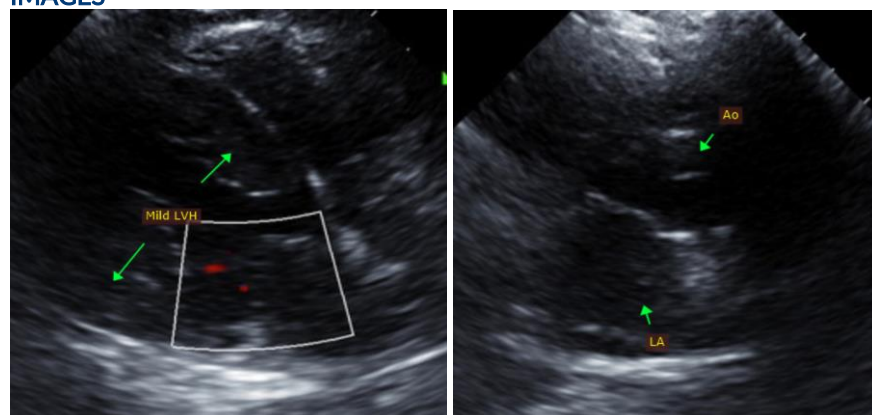
13 years

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

IMAGES

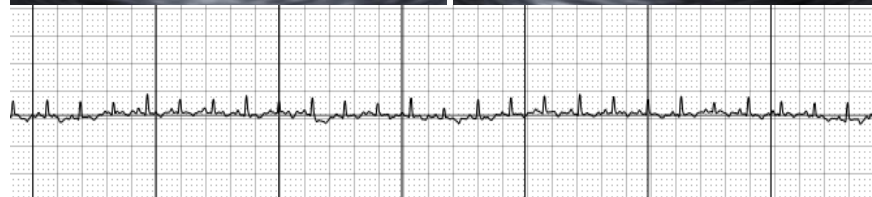
WEIGHT

12lbs



INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)



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Crystal Hill, RVT

HOSPITAL NAME

Snelgrove Veterinary
Services

REFERRING VET

Dr. Gunsinger

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.

INVOICE

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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.

DATE

11/8/22

Maggie Machen Lamy, DVM
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