


PATIENT

Sydney Wilson

PRESENTING CLINICAL SIGNS

History: Recheck echo. Obese. Grade III/VI murmur noted. NSF otherwise. BP: 120-140mmHg.
 -Current medications: Atenolol 6.25 mg q24h.
 -Pertinent previous echo findings (2/2021 MML): Mild LVH, no LAE, no SAM (resolved on Atenolol). IVSd: 0.62, LVWd: 0.60.

SPECIES

Feline

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

BREED

DSH

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 200bpm with a largely regular rhythm. Low voltage complexes impedes extensive evaluation; however, no abnormalities are identified.
 ECG diagnosis: Normal sinus tachycardia.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle irregularity and hypertrophy. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is no systolic anterior motion (SAM) seen with a normal LVOT velocity. No obvious MR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

AGE

10 years

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	5.41	230	0.45	1.3	0.46	67	95
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	1.2	1.0	1.0	1.1	1.4	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

27343

DATE

11/8/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is continued evidence of improvement. Previously mild LV thickening is now normal with no LVOTO appreciated. This is surprising given that the heart rate appears poorly controlled; however, no left atrial dilation is identified. No additional issues are identified. The ECG remains unremarkable with a normal sinus rhythm.



PATIENT

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Recommend continue Atenolol lifelong. A dose adjustment could be considered, given the resting heart rate; however, in light of overall clinical picture this is likely unnecessary. Continued heart rate monitoring is advised.

SPECIES

Feline

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

BREED

DSH

PLAN

Continue Atenolol as prescribed with periodic HR monitoring. If persistently >180-200, consider a dose increase.

SEX

Female Spayed

Recommend recheck echocardiogram annually to assess for progression, sooner if clinical issues arise.

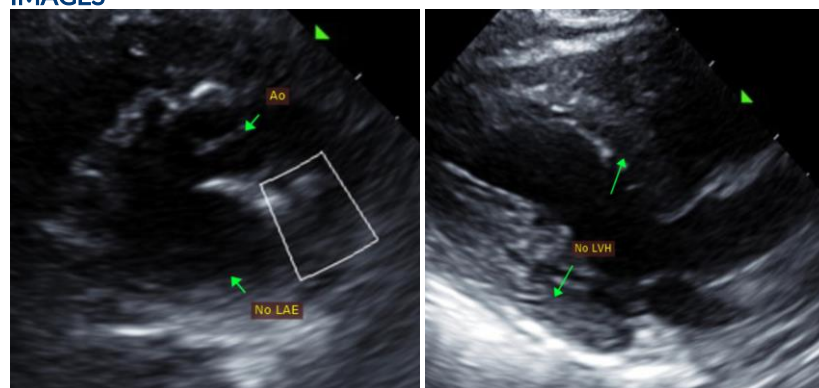
AGE

10 years

IMAGES

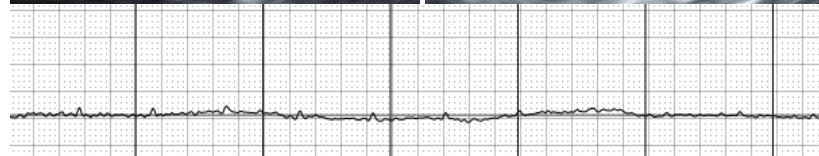
WEIGHT

12lbs



INTERPRETED BY

Maggie Machen Lamy,
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(Cardiology)



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HOSPITAL NAME

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Services

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.

REFERRING VET

Dr. Gunsinger

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.

INVOICE

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DATE

11/8/22