



PATIENT PRESENTING CLINICAL SIGNS

Gary Feldman

History: Grade 2/6 heart murmur. Renal disease.

SPECIES

Feline

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

BREED

Persian

A single lead ECG is available from an AliveCor monitor; 50mm/s, 20mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 180bpm. P for every QRS complex and vice versa. The P and QRS morphologies are positive with normal dimension. Rare, isolated APCs are identified. Two in a 1-minute tracing; singles only. No VPCs, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with isolated APCs.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Mild papillary muscle remodeling. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is normal on color flow. Blood flow through the RVOT is normal in velocity. No AI/PI. No obvious cardiac tumors identified. No effusions.

AGE

10 years

WEIGHT

6.34lbs

CARDIAC CHART

INTERPRETED BY

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	150	0.57	1.2	0.57	46	81
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	1.4	1.4	1.06		1.4	1.8	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.

HOSPITAL NAME

Pocono Peak
Veterinary Clinic

REFERRING VET

Dr. Coyle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. The LV wall dimensions are borderline, which may suggest early hypertrophic disease or may simply represent a normal variant. Follow up is advised. Regardless, the LA is normal which would indicate clinical stability at this time. Serial echocardiography will be necessary to determine progression. A screening BP and T4 are recommended every 6 months as possible contributing factors.

INVOICE

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No medications are warranted at this time and prognosis is open.

DATE

12/13/22



PATIENT

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The ECG does show infrequent isolated APCs. While these can simply develop due to stress, other possibilities should be considered such as systemic illness. No treatment is warranted based upon what is seen here.

SPECIES

Feline

Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.

BREED

Persian

No cardiac specific medications are indicated. Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Baseline BP and T4 are recommended every 6 months.

SEX

Female Spayed

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

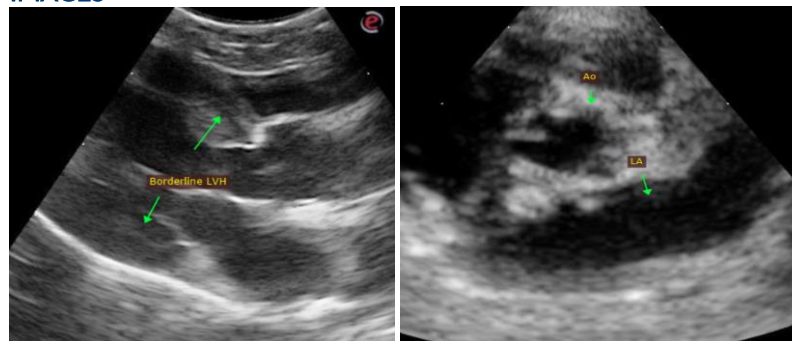
AGE

10 years

IMAGES

WEIGHT

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INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT



HOSPITAL NAME

Pocono Peak
Veterinary Clinic

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.

REFERRING VET

Dr. Coyle

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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