


**PATIENT**

Willow Ramgloomam

**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 heart murmur and arrhythmia.

**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 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. No ectopic beats, pauses or other dysrhythmias observed.

**BREED**

DSH

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. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**AGE**

14 years

**WEIGHT**

10.8lbs

**CARDIAC CHART**
**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg)               | HR (BPM)  | IVSd (cm)<br><small>(Moise, Pipers)</small>                         | LVIDd (cm)<br><small>(Moise, Pipers)</small> | LVWd (cm)<br><small>(Moise, Pipers)</small> | FS (%)                        | EF (%) |
|---------------------------|--------------------------------|---|---|--|---|-------------------------------|--------|
| <b>NORMAL PARAMETER</b>   | -----                          | 150-240   | 0.35-0.55   | <2<br>(mean 1.5)                             | 3.5-0.55                                    | 35-67                         | 80-100 |
| <b>PATIENT</b>            | 4.9                            | 190   | 0.47  | 1.26   | 0.48  | 44                            | 80     |
| FELINE CARDIAC PARAMETERS | LA/AO<br><small>(Boon)</small> | LA/AO HEART BASE<br><small>(Swe)<br/>(Abbott)</small> | LA<br>2D short axis<br>Base view<br>(cm)<br><small>(Abbott)</small> | LVOT VEL<br><small>(m/s)</small>             | RVOT VEL<br><small>(m/s)</small>            | E max<br><small>(m/s)</small> |        |
| <b>NORMAL</b>             | <1.5                           | <1.3  | <1.2  | <1.6   | <1.3  | <0.9                          |        |
| <b>PATIENT</b>            | 1.2                            | 1.3   | 1.0   | 0.9  | 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.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 East Credit Veterinary  
 Hospital

**REFERRING VET**

Dr. Webster

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated.

**INVOICE**

27970

**DATE**

12/13/22



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The ECG is unremarkable with a normal sinus tachycardia. If these findings do not reflect what was auscultated on exam (i.e., premature beats), a longer recording or potentially a holter monitor may be necessary.

**SPECIES**

Feline

Anesthetic risk is considered mild. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

**BREED**

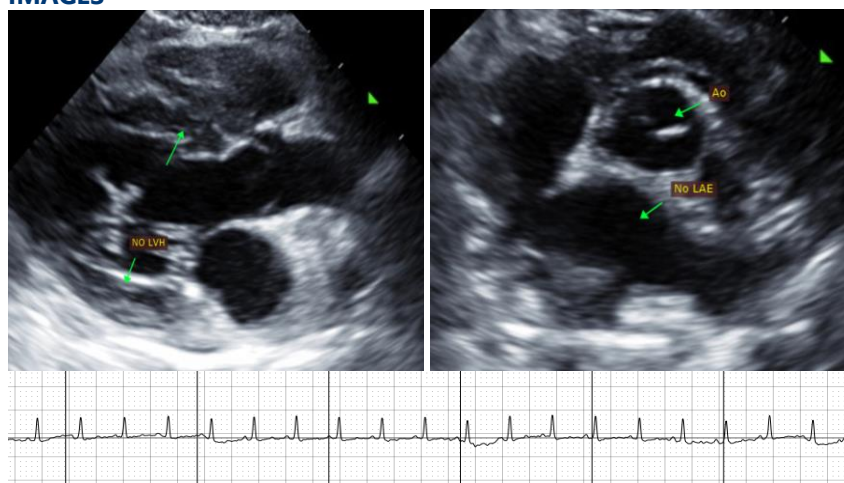
DSH

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

**IMAGES**

**SEX**

Female Spayed



**AGE**

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**WEIGHT**

10.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**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.**

**IMAGING PERFORMED BY**

Crystal Hill, RVT

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.

**HOSPITAL NAME**

East Credit Veterinary  
Hospital

**Maggie Machen Lamy, DVM**  
**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**  
info@sonopath.com

**REFERRING VET**

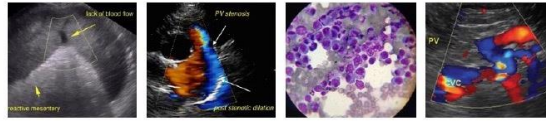
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