



PATIENT

Dublin Switzer

SPECIES

Feline

BREED

Siamese Mix

SEX

Male Neutered

AGE

7 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Switzer

INVOICE

27807

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Arrhythmia heard on PE prior to dental (did not pursue). ECG showing intermittent, single VPCs. CBC/chem/T4/ProBNP all normal Oct 2022. BP: 120, 123, 125mmHg. *Sedated with Butorphanol 0.18 ml/ Alfaxalone 0.7ml /Midazolam 0.4ml for study

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 underlying rhythm is sinus in origin with an average heart rate of 160bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs are seen throughout; singles only and monomorphic. No supraventricular premature beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with frequent isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.41
LVID diastole (cm)	1.5
PW thickness (cm)	0.50
LVID systole (cm)	0.50
FS (%)	67

Doppler Measurements

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	0.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. The LA is normal indicating low risk for complication.



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The cause of the ausculted arrhythmia is isolated VPCs. In a cat without significant structural disease, other possibilities should be ruled out including a primary arrhythmia versus systemic illness. Full systemic evaluation may be warranted. No anti-arrhythmic therapy is warranted at this time, given only single beats appreciated here. That being said, monitor for signs of sustained arrhythmias, including lethargy or collapse.

SPECIES
 Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Full systemic evaluation is advised.
- Anesthesia is not advised prior to further systemic evaluation.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

BREED
 Siamese Mix

PLAN

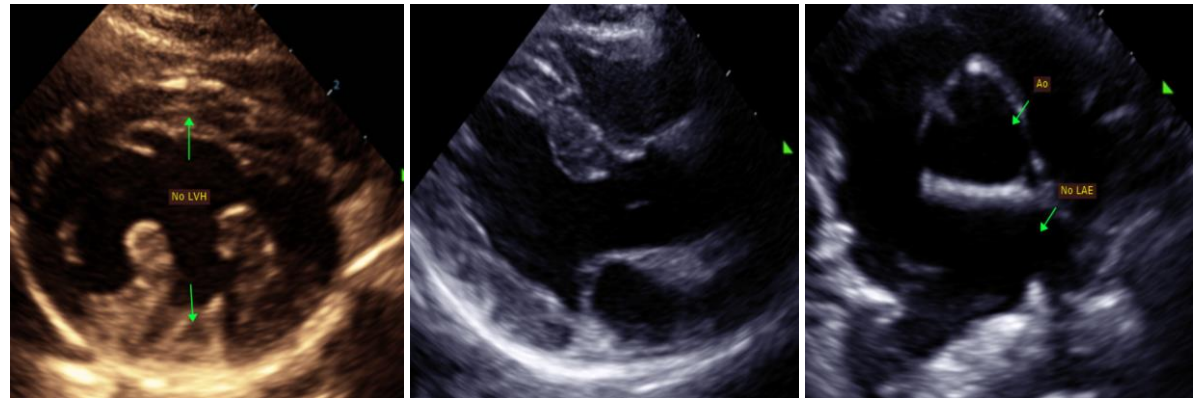
- Recommend recheck echocardiogram and ECG in 6-12 months, sooner if clinical signs arise.

SEX
 Male Neutered

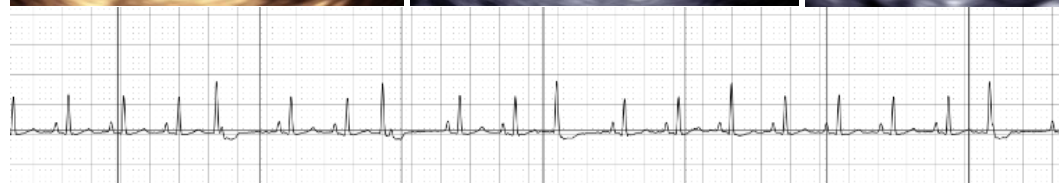
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET
 Dr. Switzer

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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