



PATIENT

Jojo Casey

PRESENTING CLINICAL SIGNS

History: Presented to ER for urinary obstruction, successfully unblocked. Previous history heart murmur (no echo). Grade II/VI murmur, lungs clear. BP: 150mmHg. T4 pending. *Sedated with Dexdomitor.

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, 10mm/mV. The average heart rate is 110bpm (range 88-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. Some variation is seen in PR interval; suspect escape foci with brief pauses. No premature beats, pauses or other dysrhythmias observed.

BREED

DMH

ECG diagnosis: Suspect sinus bradycardia secondary to prior sedation with possible escape beats.

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

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

AGE

4 years

Left ventricle: The LV diameter is normal with depressed myocardial function. The LV wall thicknesses are moderately increased. There is a mildly hyperechoic endocardium. The papillary muscles are mildly hypertrophied and hyperechoic.

Left atrium: The left atrium is mildly dilated No obvious spontaneous contrast or thrombi seen.

WEIGHT

12.2lbs

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

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Decreased aortic outflow velocity; laminar flow. Trivial aortic insufficiency.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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 no tricuspid regurgitation.

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

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.37
IVS thickness (cm)	0.7
LVID diastole (cm)	1.48
PW thickness (cm)	0.73
LVID systole (cm)	1.2
FS (%)	22

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.58
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

New England Animal
Medical Center

REFERRING VET

Dr. Doyon

INTERPRETATION OF THE FINDINGS

Unfortunately, it is difficult to accurately evaluate a patient's echo or ECG parameters using Dexdomitor. In cats specifically, the drug was shown to increase both LV diameters, lower FS and lower blood flow through the great vessels. Systolic dysfunction and decreased Ao/PV velocities aside (likely due to sedation), the primary finding of LV hypertrophy is concerning. The LA is mildly dilated which is likely secondary to structural

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disease, although indicates risk is relatively low at this time. No cause for the murmur is identified likely due to heavy sedation, and SAM or a flow murmur both remain possible. In the future, consider alternative sedation options, such as oral gabapentin 24, 12 and 2 hours prior, butorphanol, alfaxalone, propofol, etc.

SPECIES

Feline

The ECG shows an overall bradycardia which is likely due to recently reversed sedation. Some variation in PR interval is noted and may reflect escape beats with brief sinus pauses, which is benign in light of bradycardia. No pathology is specifically identified; however, reassessing the ECG and HR when the patient is entirely free of sedatives may be beneficial.

BREED

DMH

SEX

Male Neutered

Prognosis is guarded due to the highly variable rates of progression with subclinical feline cardiomyopathy. No medications are indicated prior to significant atrial dilation.

AGE

4 years

- RECOMMENDATIONS**
- Given these findings, no medications are indicated.
 - Monitor BP and T4 every 6 months.
 - Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
 - Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

WEIGHT

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 Lamy, DVM
 DACVIM (Cardiology)

PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression (ideally utilizing an alternative sedation protocol), sooner if any clinical signs arise in the interim.

IMAGING PERFORMED BY

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 RDCS

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REFERRING VET

Dr. Doyon

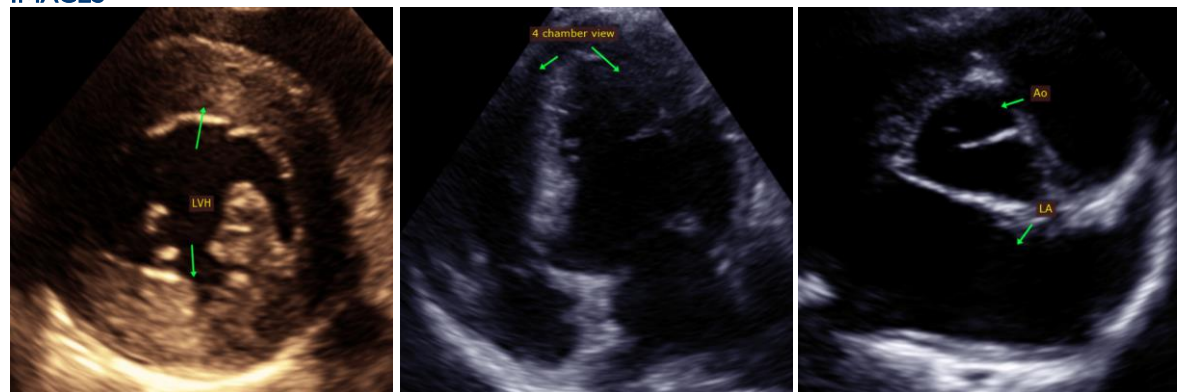
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IMAGES





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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.

SPECIES

Feline

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.

BREED

DMH

Maggie Machen Lamy, DVM
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