



PATIENT

Coopurr Brzoska

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3.8 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27843

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Coopurr has a history of asthma that has been controlled with a fluticasone inhaler. He was noted to have a heart murmur in December with an arrhythmia noted in October. Coopurr is eating well with an occasional cough/sneeze. His activity level remains the same. On exam: arrhythmia, no murmurs noted, PSS, lung fields clear, compressible thorax. BP: 120mmHg x 5. Current medications: Fluticasone 110ug 2 puffs daily *No sedation 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 175bpm. P for every QRS complex and vice versa. P morphology is positive. The QRS is inverted. Frequent isolated VPCs throughout with periods of bigeminy. No couplets, triplets or runs of VT are appreciated. 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. Trace MR.

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 no 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)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.43
LVID diastole (cm)	1.6
PW thickness (cm)	0.43
LVID systole (cm)	0.7
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA



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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.

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.

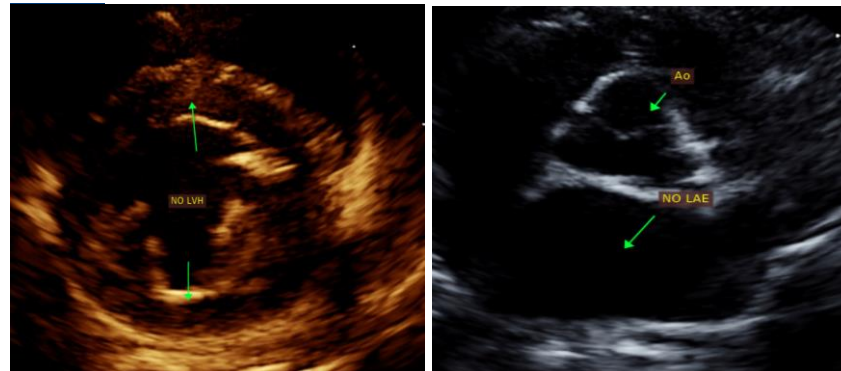
RECOMMENDATIONS

- 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.).

PLAN

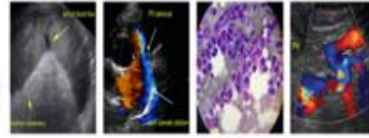
- Recommend recheck echocardiogram and ECG in 6-12 months, sooner if clinical signs arise.

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.

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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.

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DSH

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

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Male Neutered

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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