



PATIENT

Shadow Hall

PRESENTING CLINICAL SIGNS

History: Tachycardia, Intermittent grade 2/6 heart murmur. Occasional pauses. Received Gabapentin.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

12.6lbs

ELECTROCARDIOGRAPHIC FINDINGS

A brief six lead ECG is available at 25mm/s; 40mm/mV. The average heart rate is 214bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

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 fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT is mildly elevated in velocity with a dynamic profile, likely secondary to tachycardia creating a benign outflow tract obstruction. No evidence of cardiac tumors or metastatic lesions on this scan. Occasional brief pauses are noted followed by tachycardia.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Mills
Animal Hospital

REFERRING VET

Dr. van Campen

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|---------------------------|------------------|---|--|--|---|----------------|-------------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 5.7 | NM | 0.48 | 1.2 | 0.46 | 58 | 92 |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon) | LA/AO HEART BASE (Swe) <small>(Abbott)</small> | LA 2D short axis Base view (cm) <small>(Abbott)</small> | | 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 | NM | 1.2 | 1.2 | | 1.2 | 1.5 | 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is a heart rate dependent flow obstruction through the right ventricle (DRVOTO), which is a physiologic finding (i.e. benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. There is mild LV remodeling and fibrosis, which is likely normal variant. The left atrial dimension is normal, and there is minimal risk for complication at this time. Serial

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echocardiography will be necessary to determine progression and clinical relevance of the findings in the future.

SPECIES

Feline

Unfortunately, the recorded ECG is normal and did not capture the auscultated arrhythmia. Brief pauses are noted throughout the study followed by a period of tachycardia; however, this is extremely difficult to interpret without a captured recording. Recommend an extended tracing as able. Regardless, what is seen here should not cause clinical signs and treatment is likely indicated.

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Given these findings, no medications are indicated at this time.

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If needed, the risk for general anesthesia is low. That being said, the arrhythmia should be further investigated prior to proceeding.

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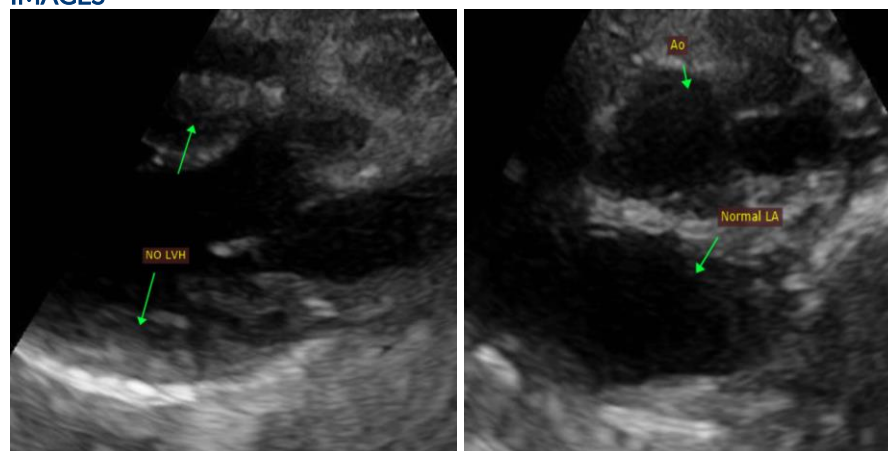
Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

WEIGHT

12.6lbs

Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

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.

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