



PATIENT PRESENTING CLINICAL SIGNS

Grayson Edel

History: Intermittent, repeatable, arrhythmia first heard in November 2022. No murmur. Currently no meds. BP: 140-150mmHg.

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, 2-minute duration. 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. P morphology is positive. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

BREED

DSH

SEX

Male Neutered

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 largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

AGE

13 years

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

WEIGHT

15lbs

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.

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. Normal 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)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.43
LVID diastole (cm)	1.37
PW thickness (cm)	0.45
LVID systole (cm)	0.6
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Mendon Animal Clinic

REFERRING VET

Dr. Cervasio

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 considered normal. No additional issues are identified.

INVOICE

28920

DATE

2/10/23

The submitted ECG is normal, with no evidence of dysrhythmias. If these findings do not reflect what was ausculted on exam (i.e., premature beats), a longer recording or



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potentially a holter monitor may be necessary. If an arrhythmia is in fact documented, there is no structural cause for its genesis. Consider systemic screening in this instance.

SPECIES
 Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess longer ECG tracing and/or holter monitor. If arrhythmia is identified, consider systemic causes.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- 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.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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PLAN

- Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

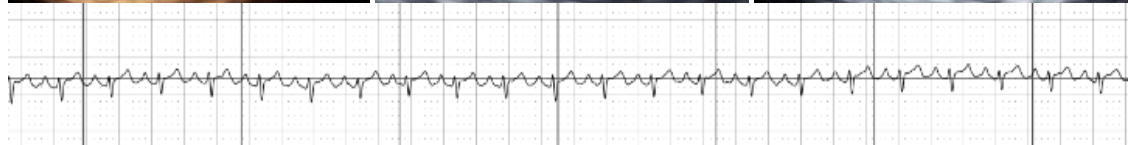
WEIGHT
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IMAGES

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS



HOSPITAL NAME
 Mendon Animal Clinic

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. Cervasio

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
 28920

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

DATE
 2/10/23

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