



PATIENT

Brixton Baker

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15.4 years

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Nolan

INVOICE

28957

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Sternal murmur. Hypertension; on Amlodipine every 24 hrs. Early diabetes - just diagnosed; arthritis had solensia injection.

-Radiographs: Suggest cardiac remodeling of atria and tortuous pulmonary veins.

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; 50mm/s, 20mm/mV. The average heart rate is 200bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other 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. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. Mild to moderate MR. No TR. The right ventricle appears normal. The mitral valve is suspected to be causing a dynamic LVOTO based upon color flow and spectral doppler. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is mildly elevated with a dynamic profile. No cardiac tumors are seen. No pleural or pericardial effusion.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	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	0.51	1.6	0.49	49	84
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		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	1.4	1.2	1.1		1.9	1.2	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

Essentially normal cardiac geriatric structure and function. The murmur is due to an intermittent LVOT obstruction, which is secondary to tachycardia. The valve itself appears normal, and no LVH is seen making this likely a stress/tachycardia-induced phenomenon. That being said, this may be the first sign of early HOCM, and serial monitoring is advised. The left atrium is normal indicating low risk for complication. No additional issues are identified and there is no evidence of hypertensive cardiomyopathy. The ECG is unremarkable with a normal sinus tachycardia.



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In patients with persistent LVOT obstruction and development of hypertrophy, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a normal left atrium and no LVH, no medications are clearly indicated.

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Anesthetic risk and/or steroid risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

BREED

DLH

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

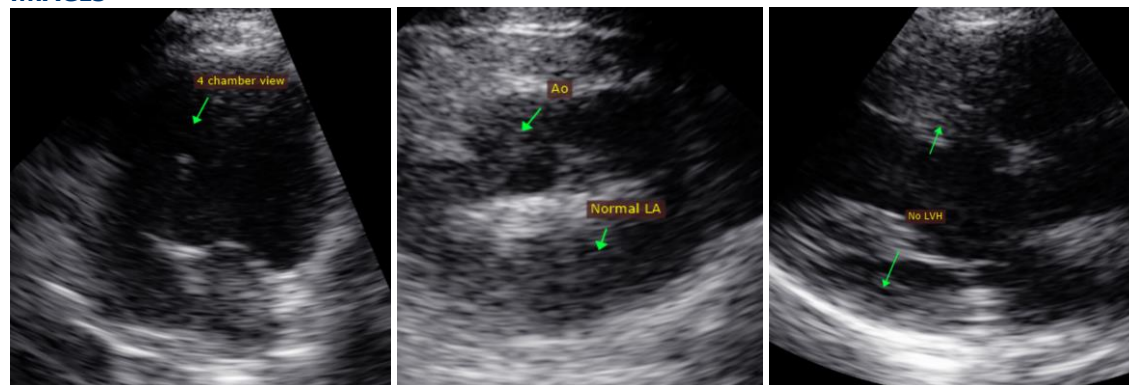
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IMAGES

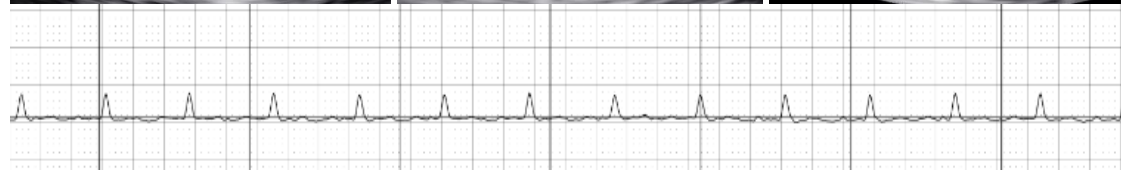
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Eubank Animal Clinic

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.

REFERRING VET

Dr. Nolan

Maggie Machen Lamy, DVM
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info@sonopath.com

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