IMAGING PERFORMED BY

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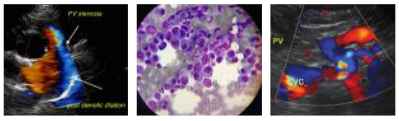

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Violet Sieracki

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
8.1.08

WEIGHT
8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Stephanie Pearce, RDCS, RVT

HOSPITAL NAME
Homeward Bound Veterinary Services

REFERRING VET
Dr. Vance

INVOICE
22669

DATE
2.18.22

PRESENTING CLINICAL SIGNS

History: Presented on 2/15 with a hx of UTI. Presented today with increased respiratory effort, murmur and arrythmia.
-Pertinent abnormal PE/Chem/CBC/UA Results: ProBNP abnormal, K+ 3.4
-Current medications: started Pimobendan 1.25mg q24h
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results:
-STAT: REQUESTED.
*ECG declined.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with overall mild wall thinning. No regions of hypertrophy are identified. The LV chamber is normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is mildly enlarged. The right atrium is mildly enlarged. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Normal flow through both the RVOT and LVOT. Mild to moderate MR. Mild TR No AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.6	88	0.33	1.65	0.38	50	92
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	NM	1.6	1.5		1.4	0.7	NM

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 primary abnormality identified in this study is profound bradycardia with mild biatrial enlargement. No LV hypertrophy or dysfunction are noted; however, early Unclassified disease is a possibility (UCM). As an alternative explanation, biatrial enlargement can develop secondary to the arrhythmia alone. Mild MR and TR are present which should be monitored going forward. No additional structural issues are identified.

With a heart rate of 90bpm during the study, an ECG is strongly recommended (r/o sinus origin v AV block v other) with an atropine challenge if indicated. Bradycardia alone can lead to decompensation and CHF, which may be the case here; however, further information is necessary to make this distinction. Suspicion for CHF is low in this case; however, baseline chest radiographs are also strongly recommended to determine the cause of clinical signs.

Based strictly upon what is seen here, no medications are indicated at this time prior to further evaluation.

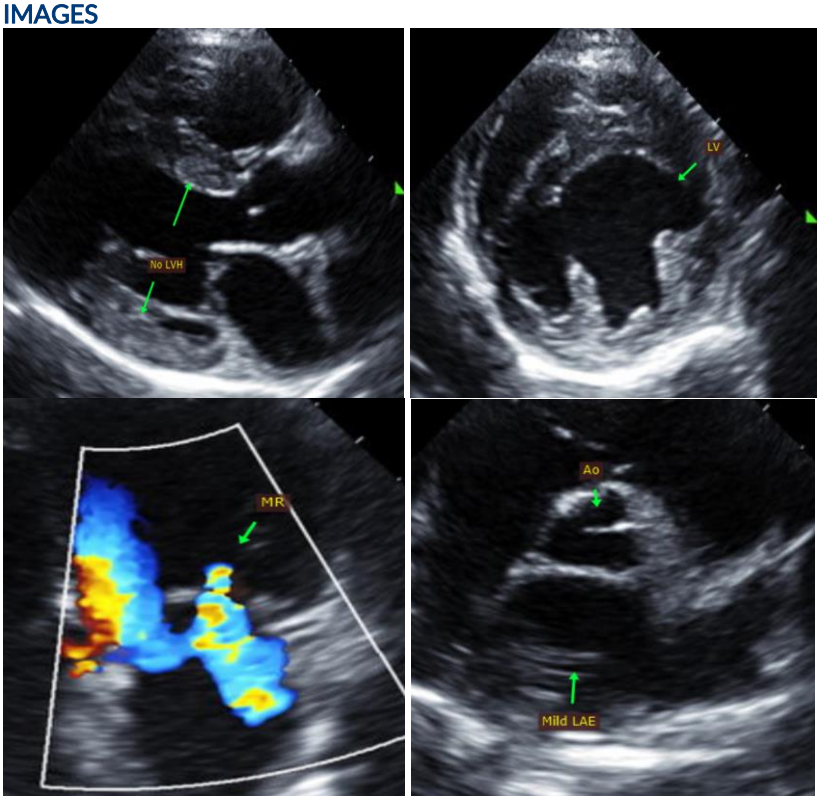
Anesthesia is not advised until the arrythmia is thoroughly evaluated.

Monitor for a murmur, gallop or signs of cardiac disease going forward.

PLAN

An ECG should be done ASAP, with an atropine challenge if indicated. Baseline CXR are recommended to determine if the cause of respiratory signs. If CHF is present, this is likely related to the arrythmia and full cardiac support is recommended, including Lasix therapy. If CHF is NOT present, discontinue Pimobendan with further respiratory/systemic evaluation recommended.
A recheck echocardiogram is recommended in 6 mo pending further evaluation.

IMAGES



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.

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.

Maggie Machen Lamy, DVM
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