

PATIENT

Taz Dussaq

PRESENTING CLINICAL SIGNS

History: Extra heart sound. No murmur ausculted. Sedation: Alfaxalone/Butorphanol/Midazolam.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 125bpm 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 inverted. The MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.

BREED

Bengal

ECG diagnosis: Sinus bradycardia secondary to sedation. Left axis deviation.

SEX

Male Intact

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mild focal septal thickening. The remainder of the LV wall measures normal. The LV chamber is decreased in size. Adequate function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. No TR. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

AGE

13.8 years

WEIGHT

11.6lbs; 5.3kgs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	5.3	120	0.63	1.17	0.51	53	87
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	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	1.0	0.5	NM	

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

**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.

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr. Smith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mild focal septal thickening, which may be indicative of early hypertrophic disease or may simply represent a normal variant. Pseudohypertrophy should also be ruled out through routine lab work, given a small LV dimension. A baseline BP and T4 are also recommended. Regardless, the LA is normal indicating current risk is low. Serial echocardiography will be necessary to determine progression and clinical significance.

INVOICE

29163

The ECG is largely unremarkable with a normal sinus rhythm. A left axis shift is present, which is a benign conduction abnormality common in older cats (left anterior fascicular block).

DATE

2/21/23



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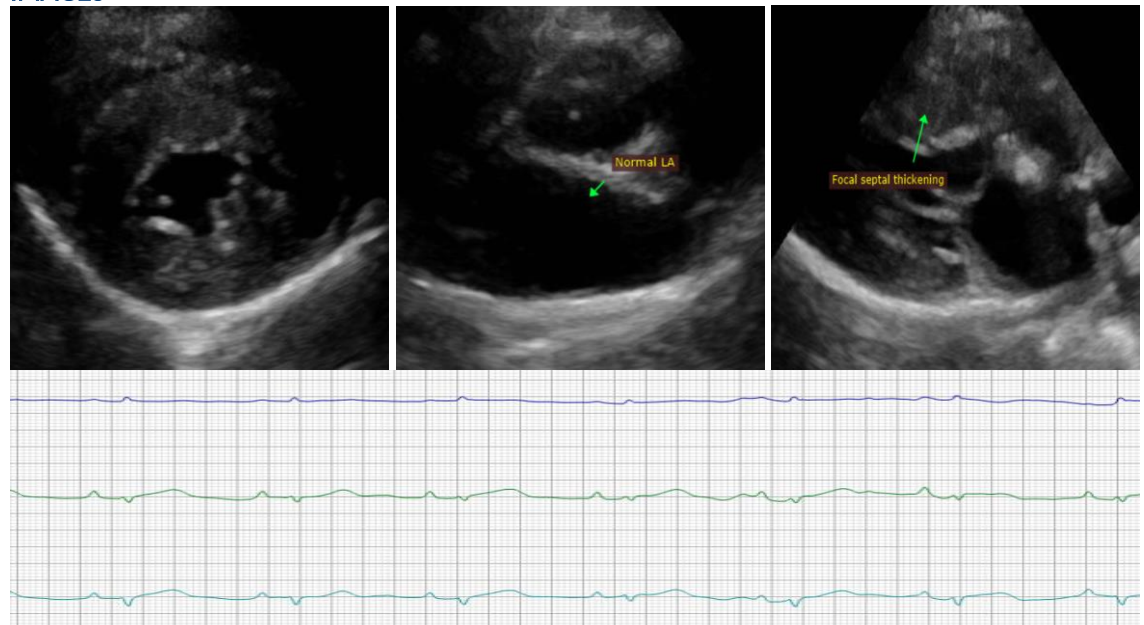
No medications are indicated. Prognosis is open pending assessing for progression.

Given these findings, anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future. Risk for steroid use typically follows atrial enlargement, which in this case is low. That being said, any cat can develop acute intolerance and monitoring of RR/RE is recommended, particularly during the initiation phase.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any progressive changes.

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.

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