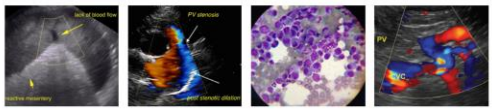
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Chloe Doyle

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
12 years

WEIGHT
8.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Detelich

INVOICE
22793

DATE
2/24/22

PRESENTING CLINICAL SIGNS

History: Vomiting; weight loss; PU/PD; dilute urine - BW otherwise, unremarkable. Arrhythmia; no murmur. Having bi-cavity ultrasound exams. BP: 132-144mmHg.

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. The average heart rate is 188bpm with an underlying sinus rhythm. P for every QRS complex and vice versa. P morphology is positive. The QRS is inverted. Isolated VPCs throughout; monomorphic, singles only. No supraventricular beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with isolated VPCs.

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 normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. False tendon. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
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.
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 trace 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.

2-Dimensional Measurements

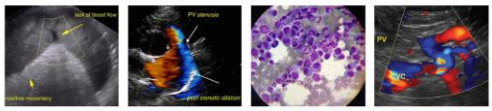
Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.41
LVID diastole (cm)	1.2
PW thickness (cm)	0.42
LVID systole (cm)	0.4
FS (%)	68

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal geriatric 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 in a senior cat. The LA is normal indicating low risk for complication.



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The cause of the ausculted arrythmia is isolated VPCs. In a cat without significant structural disease, other possibilities should be ruled out including a primary arrythmia versus systemic illness. Given current GI signs, this is likely related to the underlying origin of both issues. Full systemic evaluation is advised. No anti-arrhythmic therapy is warranted at this time. Monitor for signs of sustained arrythmias, including lethargy or collapse.

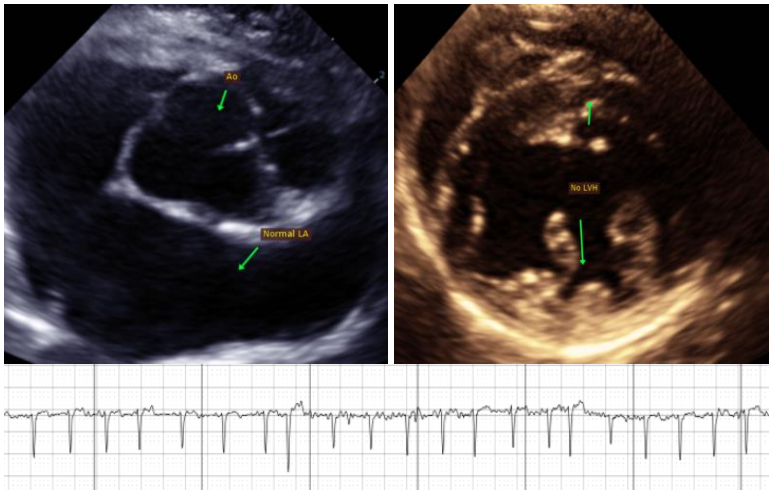
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Full systemic evaluation is advised.
- Anesthesia is not advised prior to further systemic evaluation.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram and ECG in 6 months, sooner if clinical signs arise.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com