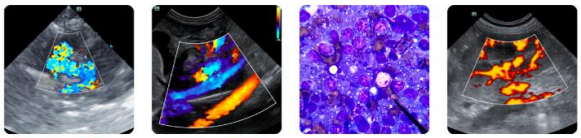


DATE

2.26.26

PATIENT

Petey Wills

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

4.8.16

WEIGHT

16.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Everhart VH Cross Keys

REFERRING VET

Dr. Notarangelo

INVOICE

47017

PRESENTING CLINICAL SIGNS

History: Recheck echo. Chronic heart disease and long-standing murmur. Managed on Atenolol with HR 130-140bpm. New arrhythmia noted with VPC vs escape beats on auscultation. Grade 2/6 heart murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results (9/5/25): chem/cbc/T4/UA: NSF.
-Current medications: Bravecto Topical Solution 500mg, Atenolol 6.25mg once daily.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (6/2023 MML): Focal LVH. IVS: 0.63, mild LAE; LA: 1.6.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 150bpm. 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 positive with normal dimension. MEA is normal. Rare APCs are noted. No VPCs, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with rare APCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is minimal systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace MR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	7.3	NM	0.65	1.7	0.58	65	94
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	1.8	1.8		1.0	1.5	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

Of concern, this study does show progressive LA dilation. This would suggest an increased risk for blood clot events going forward. The LV appearance and dimensions are unchanged, and no additional issues are seen.

The ECG does confirm isolated APCs are present. These are likely due to stress and atrial enlargement in this case. No treatment is necessary.

Given these findings, recommend addition of Plavix at this juncture. A BP should also be assessed to determine if an ACE-I is necessary. Prognosis is guarded long-term with risk for CHF, a blood clot event, etc. going forward.

Anesthesia is not advised.

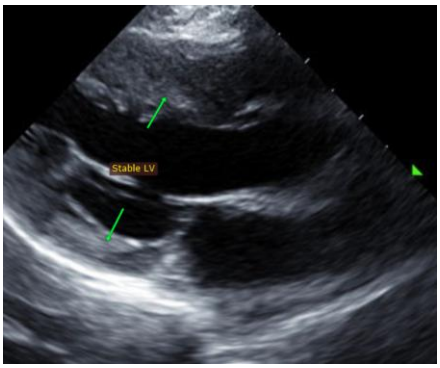
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

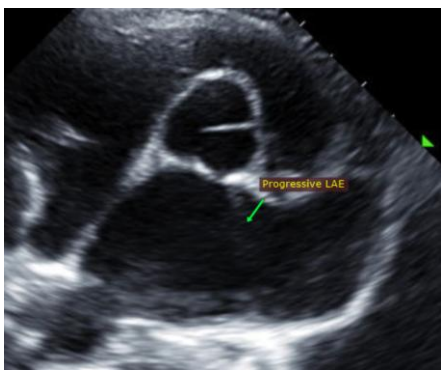
PLAN

Screening BP/T4 is recommended every 6 months. Continue Atenolol as prescribed. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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
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