

PATIENT

Princess Wadkins

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

12 years

WEIGHT

10.10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Hilberg

INVOICE

29291

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Grade 5/6 heart murmur.

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 250bpm with a regular rhythm. P waves cannot be visualized due to tachycardia. No premature beats, pauses or other dysrhythmias observed.

ECG diagnosis: SVT; rule out sinus versus atrial origin.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, although not extensively visualized. No obvious LVH. No LV dilation with adequate myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The left atrium is severely dilated. No obvious smoke. The right atrium is normal. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Moderate to severe eccentric MR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified. Tachycardia noted throughout.

CARDIAC CHART

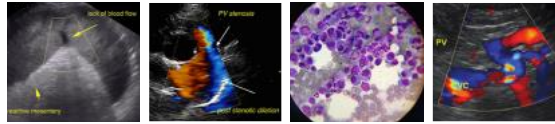
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.6	NM	0.53	1.2	0.54	58	94
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	2.0	2.2	2.0		1.8	0.7	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

The categorial classification could be argued in this case. The LV wall dimensions are normal, ruling typical hypertrophic disease. There is however severe LA enlargement, which is highly concerning for imminent clinical signs. Unclassified cardiomyopathy is considered most likely, although a significant mitral leak may suggest a primary valve issue. Regardless, the degree of disease is severe and should be monitored going forward. No additional issues are identified.

The ECG shows a supraventricular tachycardia with a heart rate of 250bpm. The differentiation between a normal sinus tachycardia and an atrial origin cannot be determined on this tracing. Further evaluation may be warranted if the heart rate is persistently elevated, such as response to a vagal maneuver, etc. My assumption is sinus tachycardia is more likely, given that the patient has reportedly strong synchronous pulse quality and no clinical signs.



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It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA dilation and extremely high risk for decompensation full support is suggested as below. If any clinical signs arise, baseline chest radiographs, repeat ECG and/or hospitalization may have to be considered.

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Elective anesthesia, fluid or steroid therapy is not advised.

BREED

DLH

Monitor for any development of clinical signs at home, including labored breathing, cough, or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future. Prognosis is guarded to poor long-term given the degree of disease seen here

SEX

Female Spayed

PLAN

Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap). Institute Pimobendan 1.25mg PO q12h. Baseline BP is recommended. If >150mmHg, institute ACEI 0.5mg/kg PO q12h. Institute low dose Lasix 1mg/kg PO q12h.

AGE

12 years

Reassess BP, renal values and ECG in 1-2 weeks, then every 3-4 months lifelong. If heart rate is persistently >200bpm consider response to a vagal maneuver, etc. as discussed.

WEIGHT

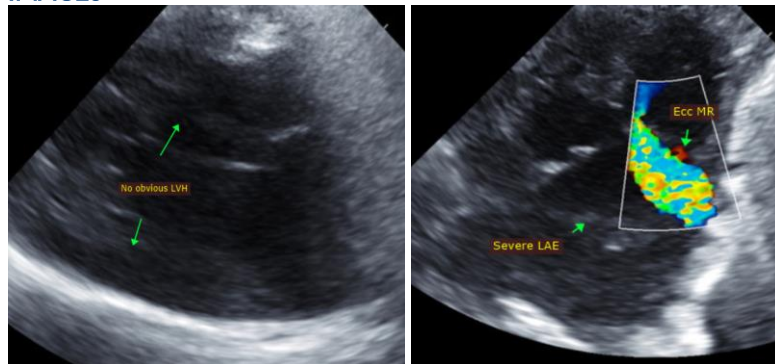
10.10lbs

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

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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.

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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.

DATE

2/28/23

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com