



PATIENT

Lincoln St. Clair

SPECIES

Feline

BREED

Sphinx

SEX

Male Neutered

AGE

21 months

WEIGHT

9.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Vark Veterinary
Clinic

REFERRING VET

Dr. Cordes

INVOICE

28836

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur.
 -Current medications: Furosemide and Clopidogrel.

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 220bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscles appear normal. The left atrium is mildly dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No obvious cardiac tumors identified. No effusions.

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	4.1	NM	0.57	1.48	0.48	60	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	1.5	1.5	1.4		1.3	1.4	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

Borderline LV hypertrophy is present, which may be indicative of early hypertrophic disease or may simply represent a normal variant. The LA is also mildly dilated which would indicate clinical stability, however there may be risk for progression going forward. Serial echocardiography will be necessary to determine progression. The ECG is unremarkable with a normal sinus tachycardia.

Given these findings, no medications are indicated, and Lasix/Plavix can be safely discontinued.

Prognosis is guarded given the young age of the patient and mild nature of the findings.



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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

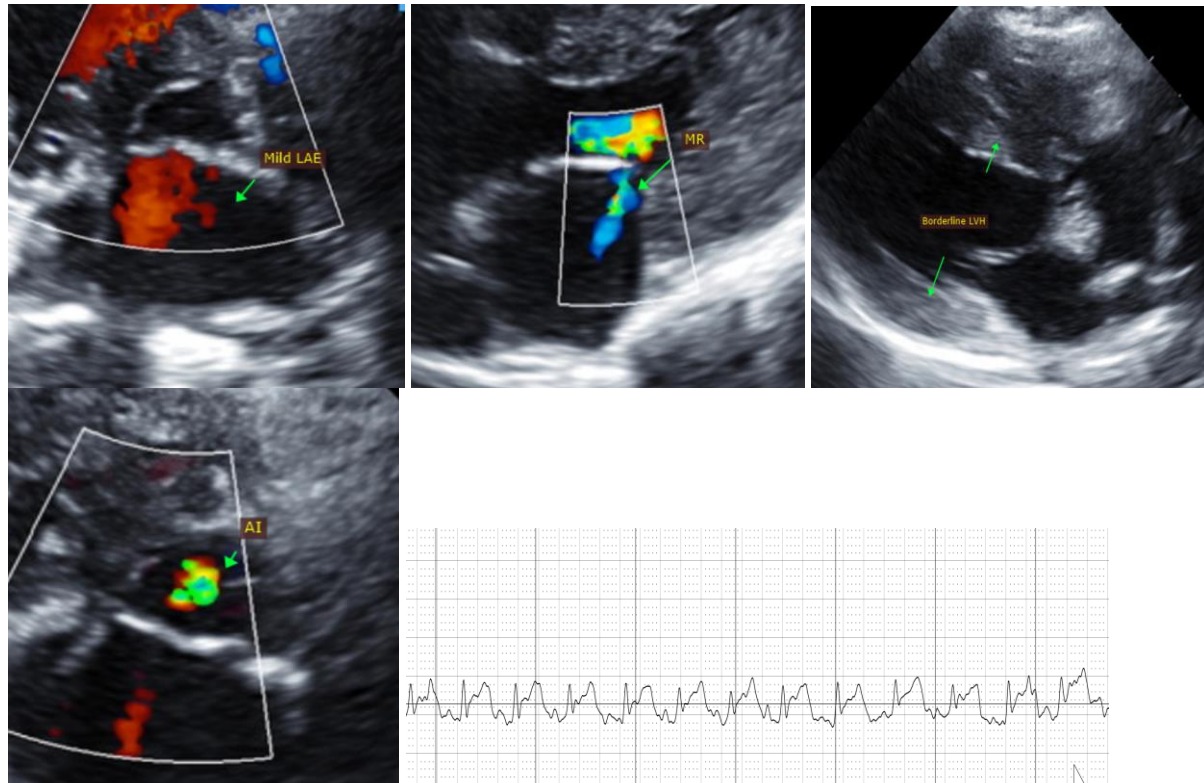
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Discontinue Lasix and Plavix as discussed. Monitor BP/T4 every 6 months.

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression, sooner if clinical issues arise.

IMAGES





PATIENT

Lincoln St. Clair

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.

SPECIES

Feline

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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Sphinx

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

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