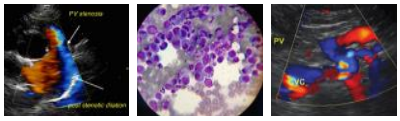
IMAGING PERFORMED BY

IntraPet.com



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

PATIENT
Mistletoe Colleli

SPECIES
Feline

BREED
DSH

SEX
Female Intact

AGE
1.18.12

WEIGHT
9.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
North Laurel Animal Hospital

REFERRING VET
Dr. Steere

INVOICE
29561

DATE
3.13.23

PRESENTING CLINICAL SIGNS

History: Presented for spay on 3/1/23 and VPCs were noted on EKG.
-Pertinent abnormal PE/Chem/CBC/UA Results: See attached.
-Current medications: None listed.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle appears normal. Trace MR. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

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	4.3		0.33	1.3	0.40	49	84
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	1.4	1.1		1.0	1.0	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

Overtly normal geriatric cardiac structure and function is identified in this study. The LV is remodeled and fibrotic; however, this is likely a normal age-related variant. Serial echocardiography will be necessary to determine progression. Regardless, no additional issues are identified, and the LA dimension is normal.

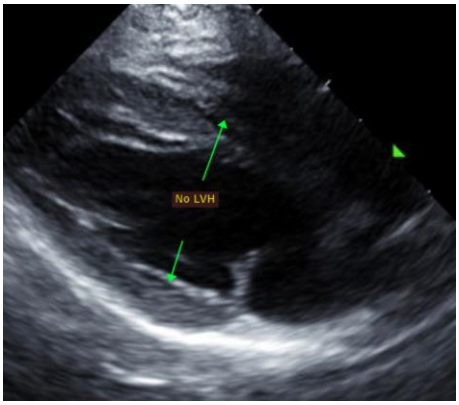
Presumably a fibrotic LV is enough to cause VPCs; however, systemic/extra-cardiac causes should be considered. Follow up/treatment should be dictated based upon the ECG report.

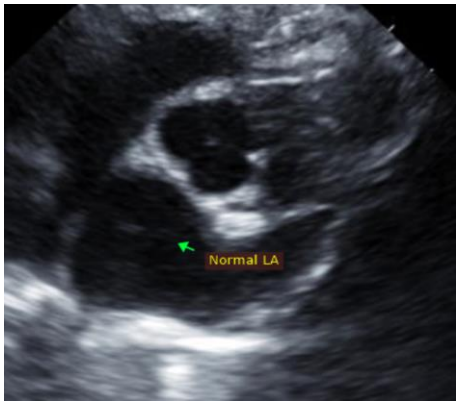
With VPCs, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia. Judicious IV fluid rates are advised to avoid fluid overload.

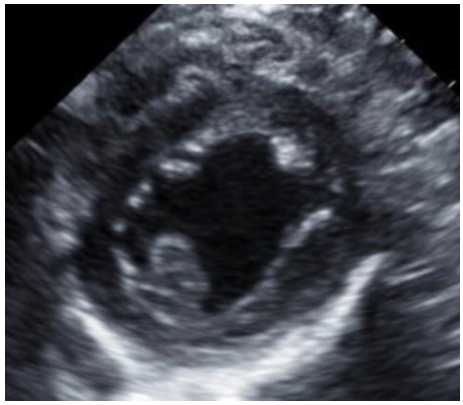
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.

A recheck echocardiogram and ECG are recommended in 6-12 months to screen for 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.

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