



PATIENT

Reggie Miller

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rachel Runnels, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Concordia Veterinary
Clinic

INVOICE

29583

DATE

3/14/23

PRESENTING CLINICAL SIGNS

History: History of hairballs and constipation from kittenhood. This problem is stable and has responded well to increased fiber diet and laxative daily. Presented December 2022 with a new behavior or coughing and wheezing during play. Responded to decreasing time outside and short course of albuterol. Presented March 2023 with a 2-3-week history of intermittent rear leg lameness and limping, intermittent inability to jump, failing to jump onto furniture sometimes and sometimes falling. O reports Reggie has always been a bit "clumsy" and doesn't land on his feet as much as their other cat does. He will occasionally lay/fall down when walking and begin looking around and growling, acting like he can't stand for a few minutes. Reggie has always been reactive and fractious without sedation in clinic, making true thorough neurological and orthopedic exam impossible. While awake Reggie is always tachycardic and no murmur can be appreciated but typically auscultation is brief, and he is growling. NSF during sedated rads and physical exam, no crepitus in stifles or coxofemoral joints, no cranial drawer. No lameness prior to sedation. Less falling over/laying down episodes since beginning SID meloxicam and 40 mg gabapentin BID for pain management.
-Sedation: Given gabapentin and trazodone PO morning of, then butorphanol right before scan.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

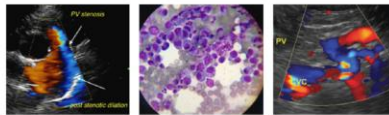
A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 115bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Sinus bradycardia secondary to sedation.

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 mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Normal flow through both the RVOT and LVOT. Trace TR, Normal velocity (2.3m/s). No AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	6.8	113	0.48	1.6	0.49	62	93
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	1.3	1.3	1.3	0.9	0.8	NM	



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**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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues or significant pathology are documented. The ECG is unremarkable, with a sinus bradycardia likely secondary to sedation.

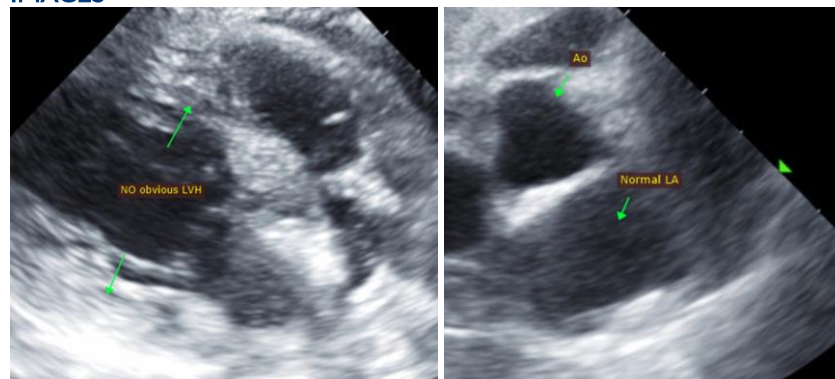
These findings would certainly suggest the **clinical issues are noncardiac in origin**. Risk for a cardiogenic thrombus is extremely low and other possibilities should be considered.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed), and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

IMAGES

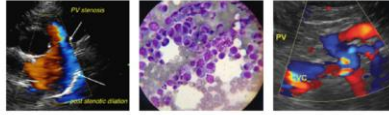


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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Maggie Machen Lamy, DVM

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