



PRESENTING CLINICAL SIGNS

History: Arrhythmia noted during PE. Weight loss. Started on aspirin 20 mg q72 h. T4 WNL.

DATE

3/2/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Karen Ebersole

There is moderate left atrial dilation. The mitral valve appears normal. Left ventricular wall thickness is normal. There is borderline mild left ventricular dilation. Left ventricular systolic function is low-normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonary valve are normal. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA/Ao – 2.02
IVSd – 4.6 mm
LVPWd – 4.6 mm
LVIDd – 18.9 mm
LVIDs – 11.7 mm
FS – 38%
LVOT – 1.75 m/s
RVOT – 0.92 m/s

PATIENT

Scouth Hatch

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

SPECIES

Feline

HR: 167 bpm
Rhythm: Sinus with VPCs

BREED

The underlying rhythm is sinus in origin. The MEA is normal. All sinus complex amplitudes and intervals are within normal limits. There are frequent monomorphic VPCs present, including three ventricular couplets. No atrial ectopy or conduction blocks are seen.

DSH

RADIOGRAPHIC FINDINGS

Orthogonal thoracic radiographs are submitted for review.

SEX

MN

There is mild to moderate generalized enlargement of the cardiac silhouette. The pulmonary vessels are within normal limits. There is a mild diffuse pulmonary bronchial pattern. The pleural space is within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

ASSESSMENT/RECOMMENDATIONS

AGE

14 y

Scout's echocardiogram demonstrates moderate dilation of his left atrium and borderline mild dilation of his left ventricle, consistent with the presence of a restrictive cardiomyopathy (RCM). While Scout's radiographs show no evidence of congestive heart failure, he is at moderately increased risk for its development, as well as for the development of thromboembolic disease, therefore, careful monitoring for symptoms of these conditions is recommended.

WEIGHT

11 lb

Scout's ECG demonstrates the presence of frequent VPCs, including a few ventricular couplets. This arrhythmia puts him at risk for the development of exercise intolerance, syncope, and potentially even sudden death.

HOSPITAL NAME

Scanvet

Continued use of aspirin, or, preferably clopidogrel (18.75 mg SID) is recommended, as is therapy with enalapril (1.25 mg BID). Whether Scout's arrhythmia should be treated at this time is difficult to say, as therapy for it could potentially make it easier for Scout to develop congestive heart failure. If therapy is to be used, sotalol (10 mg BID, may need to be compounded) is recommended.

REFERRING VET

Dr. Perkins



A renal/electrolyte profile and recheck ECG are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Scout experiences respiratory clinical signs.

DATE

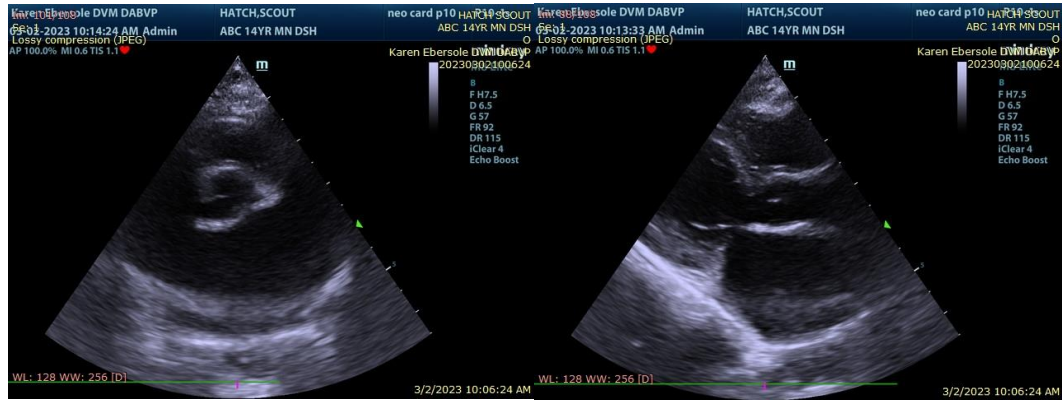
3/2/23

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PATIENT

Scouth Hatch

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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Keith Blass, DVM, MS, DACVIM (Cardiology)

BREED

KeithBlass@gmail.com
631-804-5754

DSH

SEX

MN

AGE

14 y

WEIGHT

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HOSPITAL NAME

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REFERRING VET

Dr. Perkins