



PATIENT

Vino Tinto Vida

PRESENTING CLINICAL SIGNS

History: Chronic murmur. Elevated BNP; just diagnosed as hyperthyroid.
-Current medications: Felimazole.
-Abnormal PE/Chem/CBC/UA Results: T4 109(10-60), all rest WNL.

SPECIES

Feline

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 200bpm 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 inverted, suggesting atypical device orientation. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with borderline hypertrophy overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal with no MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is mildly elevated in velocity, suggesting an LVOTO. No AI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

AGE

15 years

WEIGHT

15.4lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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	7.0	220	0.61	1.3	0.59	72	97
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	1.2	1.1	1.0		2.8	1.4	NM
<p>*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.</p>							

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Wellington Animal Hospital

REFERRING VET

Dr. Dennis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is borderline hypertrophy in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. Mild pathology secondary to reported hyperthyroidism is suspected. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, there is a mild LVOT obstruction, which appears intermittent and does not warrant therapy. No

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additional issues are identified. A baseline BP is recommended. The ECG is unremarkable with a normal sinus tachycardia.

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Given that these findings will likely resolve with stabilization of the thyroid disease, no treatment is indicated at this time. That being said, if the thyroid proves difficult to control rate control with Atenolol could be considered to bridge the gap. Prognosis is guarded prior to assessing for progression/regression.

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DSH

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, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SEX

Male Neutered

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Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

WEIGHT

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PLAN

Baseline BP recommended. Immediate thyroid control is recommended. If difficult to control and heart rate remains elevated, Atenolol can be utilized.

INTERPRETED BY

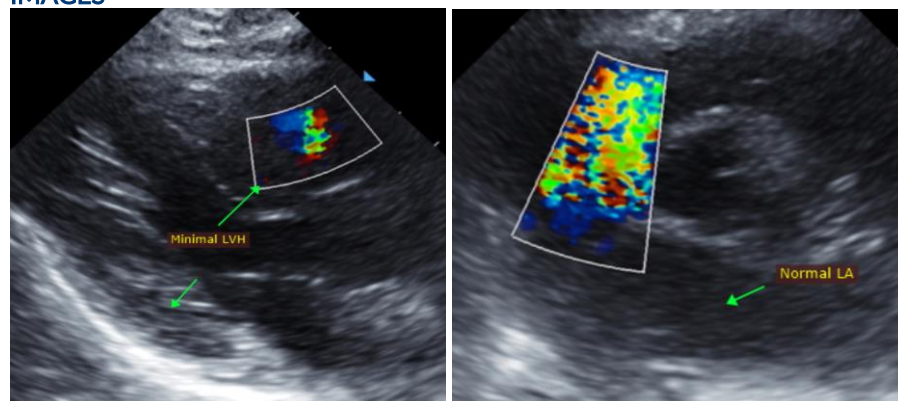
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(Cardiology)

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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IMAGES



HOSPITAL NAME

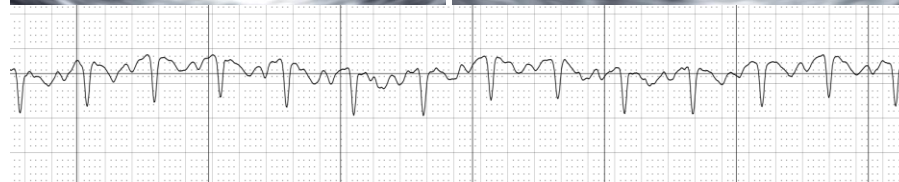
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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