



PATIENT

Itsy Bosley

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

9.9.11

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart Veterinary
Hospital

REFERRING VET

Dr. Key

INVOICE

22979

DATE

3.7.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur, grade 3/6.

-Current medications: Furosemide 20mg- ¼ BID, Vetmedin 1.25mg BID, Atenolol 6.25mg BID, Plavix 75mg 1/4 SID. Gabapentin 100mg 2 hours prior to scan.

-Blood pressure: 190/143 MAP 155.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (7/2021 MML): UCM, mild LVE, trace MR, moderate to severe LAE, mild TR. LA: 1.7, LVIDd: 1.77. H/O SV and ventricular arrhythmias

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Isolated APCs are seen throughout. No ventricular ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia with isolated APCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of remodeling. Significant LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled with regions of atrophy. The mitral valve is thickened with trace MR. The left atrium is moderate to severely dilated and bulbous in appearance. No obvious smoke. The right atrium is mildly dilated. Tricuspid valve is mildly thickened with mild TR. Normal velocity. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors. Periods of marked tachycardia are noted.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWWd (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	4.8	205	0.36	2.2	0.32	63	92
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	1.9	1.7		NM	0.8	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

Structurally the cardiac dimensions and function are similar to previous study. The LV is increased comparatively; however, the LA is unchanged. More importantly, periods of rapid or tachycardia are noted throughout the study. The ECG captured isolated APCs, suggesting the supraventricular origin. Given the history in this case, this is not surprising; however, a dose increase in Atenolol is recommended as below. My assumption is this is exacerbated by stress, as the patient is reportedly doing well at home; however, this patient is certainly at high risk for associated clinical signs.

Given these findings, continue Pimobendan and Lasix as prescribed. If able, reinstitute Plavix to decrease the risk of blood clot events. This patient has done remarkably well given the entire clinical picture and our goal is to maintain asymptomatic status for as long as possible. There is certainly risk for sudden death in this case.

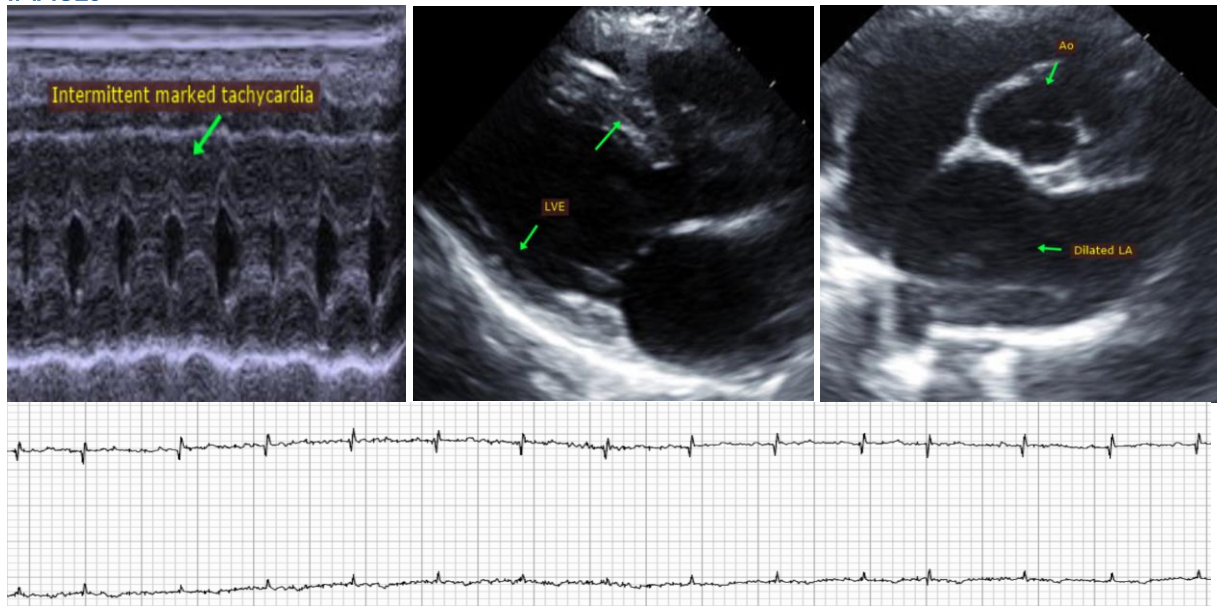
Prognosis is guarded to poor with risk for progression to CHF, blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

PLAN

Continue Pimobendan and Lasix as prescribed. Consider addition of Plavix if able to be administered. Increase Atenolol to 12.5mg am, 6.25mg pm. Recheck HR/ECG in 1-2 weeks.

Recheck echocardiogram and ECG in 6 months, sooner if issues arise.

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.

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