



PATIENT

Deanie Foster

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Female Spayed

AGE

2 years

WEIGHT

17lbs

PRESENTING CLINICAL SIGNS

History: Presented on 3/1/23 for possible seizure vs syncope event. Grade 4/6 heart murmur w/ possible gallop on exam. Also, tachypneic, but lungs clear bilaterally on auscultation.
-Radiographs: Mild soft tissue opacity peri-hilar infiltrates, cranial to heart base. Subjectively increased cardiac sternal contact.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 20mm/mV. The average heart rate is 230bpm with a regular rhythm. 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. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly 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. No TR or MR. No AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Drummond

INVOICE

29516

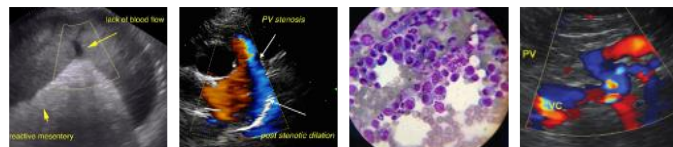
DATE

3/9/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.7	220	0.47	1.55	0.47	43	78
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.2	1.2	1.1	1.2	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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>							

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 cause for the murmur is identified in this study, making it likely physiologic in origin (which is typical of intermittent murmurs as described). The ECG is unremarkable with a normal sinus tachycardia.



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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.

SPECIES

Feline

No cardiac cause for the episode is appreciated in this study or on the extended ECG tracing. Consider ancillary issues, such as blood pressure swings, systemic disease and/or hematologic abnormalities.

BREED

Maine Coon Cat

No cardiac contraindication for general anesthesia at this time.

SEX

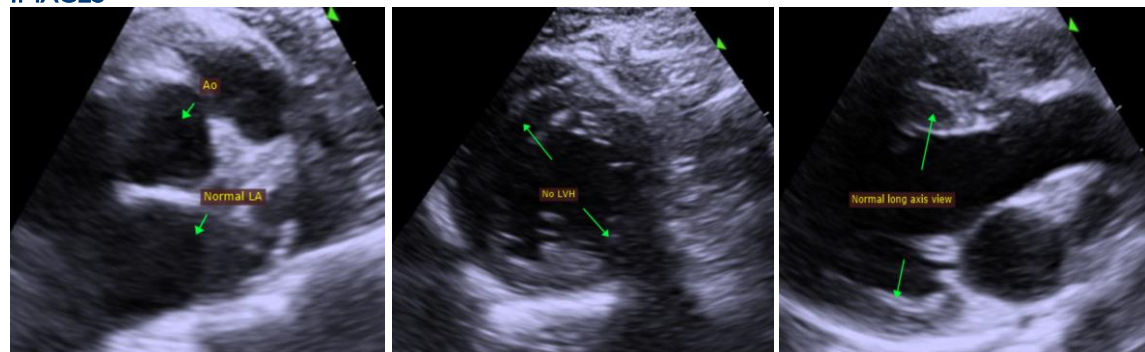
Female Spayed

Recommend recheck echocardiogram in 1 year to screen for any development of disease that the preexisting murmur may mask.

AGE

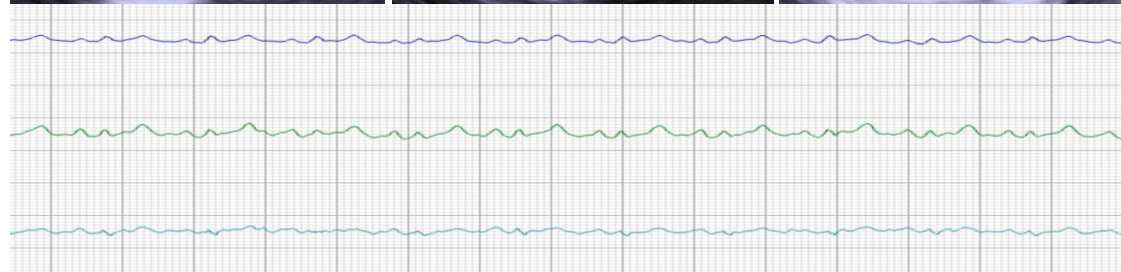
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IMAGES



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HOSPITAL NAME

Scanvet

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.

REFERRING VET

Dr. Drummond

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.

INVOICE

29516

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DATE

3/9/23