



## PATIENT

Tango Adams

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

4 years

## WEIGHT

13.6lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Amanda Crook, SDEP

## HOSPITAL NAME

Rivers Edge Pet  
Medical Center

## REFERRING VET

Dr. Gray

## INVOICE

30233

## DATE

4/13/23

## PRESENTING CLINICAL SIGNS

History: Presented 4/9/23 for limping LR, severe laxity of stifle - presented today (4/13) for surgical evaluation and correction with probable transarticular pin and collateral ligament repair. Pre-op work up shows normal lab work, but ECG came back abnormal (left anterior fascicular block is noted).

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

## ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 166bpm with a largely 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 shifted left. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with an LAFB.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is borderline with regions of mild hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Trace TR. Trace AI. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	6.2	NM				68	96
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	1.5	1.4	1.4	1.2	1.0	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 &amp; 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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease is mild, with only mild LVH and mild LA dilation. This would indicate the risk for



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clinical issues is low at this time. A small aortic insufficiency is noted, and lifelong blood pressure monitoring is recommended. No additional issues are identified.

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No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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The ECG is largely unremarkable with a left anterior fascicular block (LAFB). This can be a normal finding in cats as they age or can develop secondary to excessive fibrosis. This is a benign conduction abnormality that does not warrant treatment. This will likely be present lifelong, and should be noted for future comparison.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**WEIGHT**

13.6lbs

**PLAN**

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

**INTERPRETED BY**

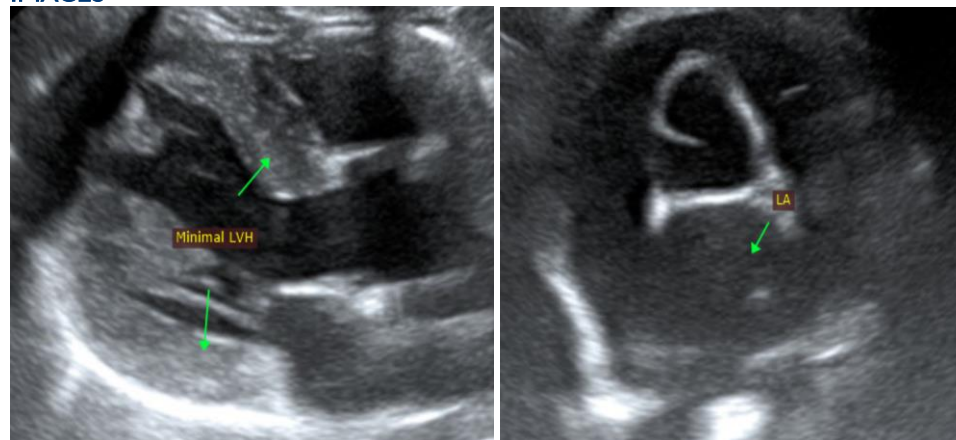
Maggie Machen Lamy,  
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(Cardiology)

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

**IMAGING PERFORMED BY**

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**IMAGES**



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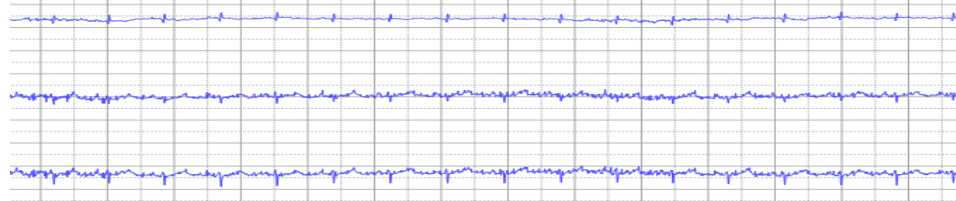
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**SEX**

Male Neutered

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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