


PATIENT

Sugar Coover

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

8 years

WEIGHT

6.5lbs; 2.9kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Brighton Greens
 Veterinary Hospital

REFERRING VET

Dr. Janeway

INVOICE

23687

DATE

4/14/22

PRESENTING CLINICAL SIGNS

 History: Grade 2/6 heart murmur. Arrhythmias diagnosed. BP: 156mmHg.
 -ECG report: Sinus rhythm with a single VPC.
 -CXR report: Normal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. False tendons spanning the apex. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. Mild MR. The right atrium is normal. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

CARDIAC CHART

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	2.9	NM	0.38	1.37	0.40	58	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.1	0.9	0.9	NM	

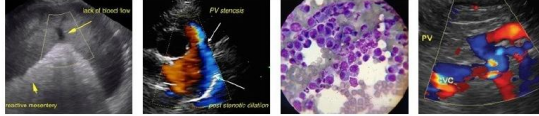
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 Adapted from June Boon, Veterinary Echocardiography, 1998
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary findings are significant fibrosis of the left ventricular wall and a small mitral leak. These may suggest early cardiac disease or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression. Regardless the LA dimension is normal, indicating low current risk for complication.

Presumably a fibrotic LV is enough to cause VPCs, however systemic/extra-cardiac causes should also be considered in a senior cat. Follow up/treatment should be dictated based upon the ECG report.

With VPCs, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia. Judicious IV fluid rates are advised to avoid fluid overload.



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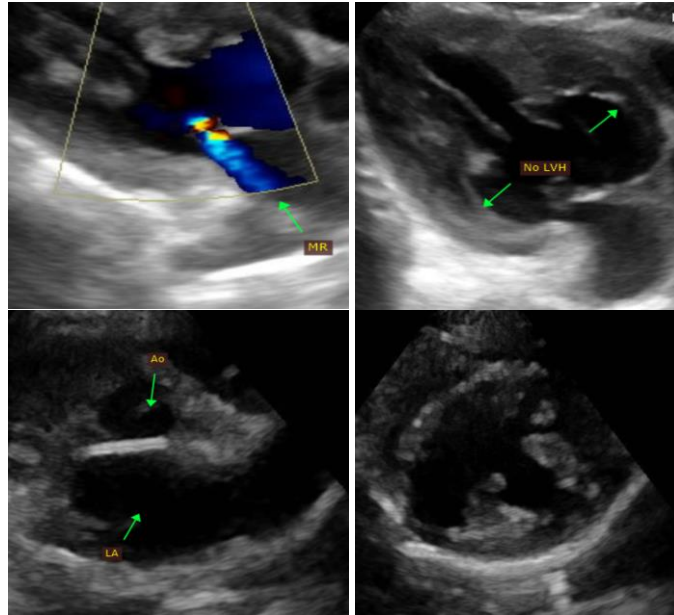
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Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.

A recheck echocardiogram and ECG are recommended in 6 months to screen for progressive changes.

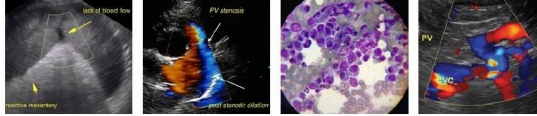
IMAGES



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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