



**PATIENT**

Tufts Schultz

**PRESENTING CLINICAL SIGNS**

History: Elevated ProBNP (147) and cardiac arrhythmia. Hyperthyroidism treated with PO Methimazole 3.75mg AM, 2.5mg PM. \*Sedated with Alfaxalone and Midazolam.

**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; 25mm/s, 20mm/mV. The average heart rate is 214bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P morphology is positive. The QRS is inverted. Isolated VPCs are seen throughout; singles only and monomorphic. No supraventricular premature beats, pauses or other dysrhythmias observed.  
ECG diagnosis: Normal sinus tachycardia with isolated VPCs.

**BREED**

DSH

**SEX**

Male Neutered

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**AGE**

15 years

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**WEIGHT**

8.7lbs

**Left atrium:** The left atrium is borderline normal in dimension. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility with no MR. No obvious systolic anterior motion is seen.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.37
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.45
LVID diastole (cm)	1.2
PW thickness (cm)	0.49
LVID systole (cm)	0.4
FS (%)	68

**Doppler Measurements**

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Switzer

**INVOICE**

30260

**DATE**

4/17/23

**INTERPRETATION OF THE FINDINGS**

Essentially normal geriatric cardiac structure and function. The LV wall thickness is normal, and the LA is borderline in dimension. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. A lack of left atrial enlargement suggests low risk for complication at this time. No additional issues are identified.



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The cause of the ausculted arrhythmia is isolated VPCs. In a cat without significant structural disease, other possibilities should be ruled out including a primary arrhythmia versus systemic illness. Full systemic evaluation is warranted, including blood pressure assessment. No anti-arrhythmic therapy is warranted at this time, given only single beats appreciated here. That being said, monitor for signs of sustained arrhythmias, including lethargy or collapse.

**SPECIES**  
 Feline

**RECOMMENDATIONS**

**BREED**  
 DSH

- Given these findings, no medications are indicated.
- Baseline BP is recommended.
- Full systemic evaluation is advised.
- Anesthesia is not advised prior to further systemic evaluation.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**SEX**  
 Male Neutered

**AGE**  
 15 years

**PLAN**

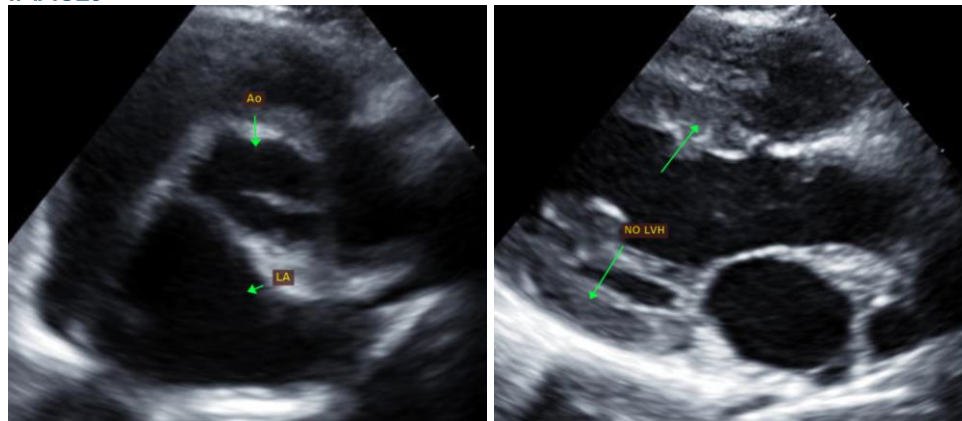
- Recommend recheck echocardiogram and ECG in 6-12 months, sooner if clinical signs arise.

**WEIGHT**  
 8.7lbs

**IMAGES**

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)



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Tufts Schultz  
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.

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

**SEX**  
Male Neutered  
Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))

**AGE**  
15 years

**WEIGHT**  
8.7lbs

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Lamy, DVM  
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