IMAGING PERFORMED BY

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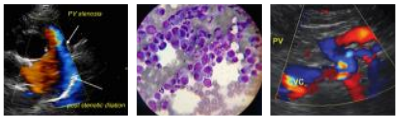

SonoPath
Clinical Sonography & Telecytology
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PATIENT
D'Artagnen Sappenfield

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
4.28.11

WEIGHT
14.94lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Happy Tails Veterinary Hospital

REFERRING VET
Dr. Calpeno

INVOICE
23727

DATE
4.18.22

PRESENTING CLINICAL SIGNS

History: Work up prior to dental surgery. June 2021: Heart - No murmur (appreciated today) or arrhythmia. Strong peripheral synchronous pulses. h/o intermittent vomiting and h/o murmur - noted by previous hospital, grade 1-2.
-Current medications: None.
-Blood pressure: 175, 150, 175mmHg.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Andi Parkinson

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. The average heart rate is 188bpm 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 is inverted. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with a LAFB.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a focal basilar septal thickening. The free wall and the remainder of the septum measure borderline normal. There is a mildly hyperechoic endocardium. The papillary muscles appear normal. The endocardium also appears mildly remodeled. 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. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	6.8	196	0.65	1.26	0.52	53	94
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	1.2	1.3		0.77	0.7	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

Focal septal hypertrophy is present, which may be indicative of early hypertrophic disease or may simply represent a normal variant. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, no definitive cause is identified for the murmur in this study, making it likely benign and secondary to tachycardia/stress.

The ECG is largely remarkable with a normal sinus tachycardia. A left anterior-fascicular block is noted (LAFB), which is a begin bundle branch block common in senior cats.

The reported blood pressures are too variable to interpret. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability for 3+ readings.

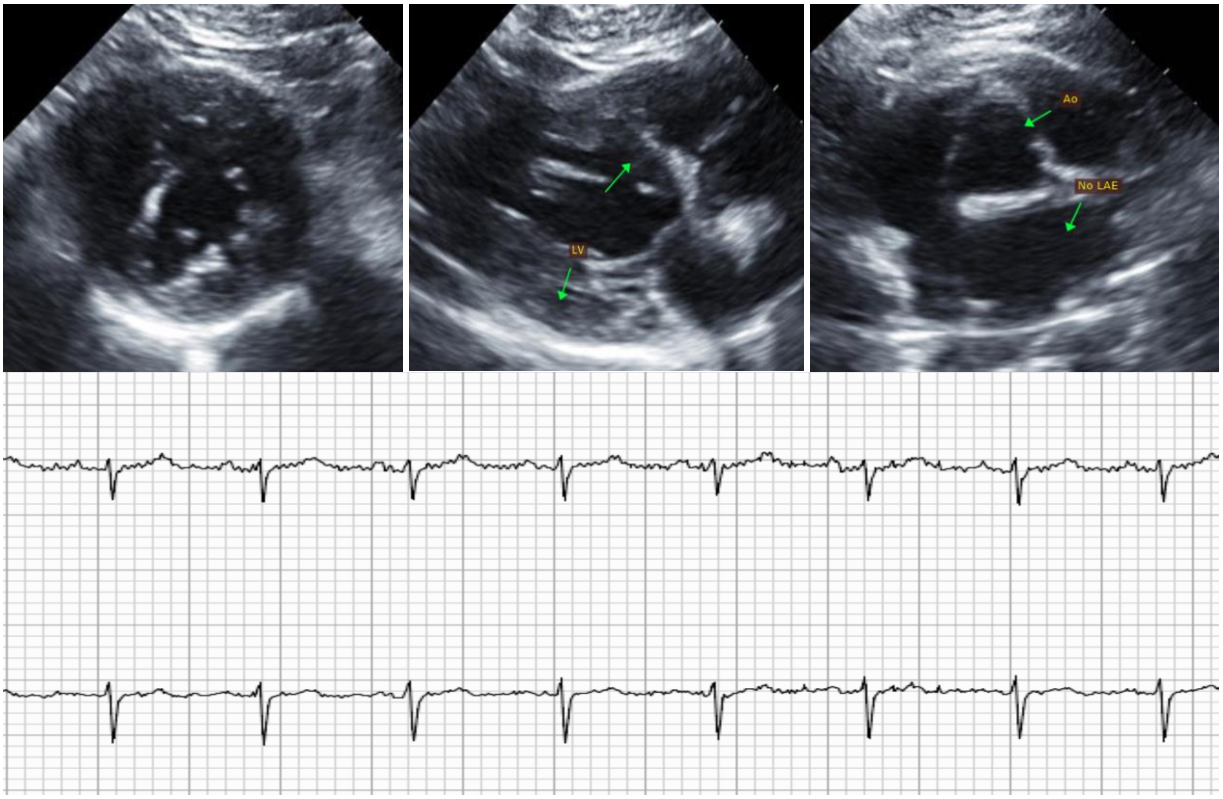
With a normal LA dimension, no medications are indicated.

Anesthetic risk is mild; however, any cat is at risk for iatrogenic IV fluid overload should they be needed in the future and monitoring is advised.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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