



PATIENT

Cheddar Lambs Gap

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

30366

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Chronic history of grade II/VI systolic right parasternal heart murmur. Recent CBC/Chemistry in January 2023 was normal. His last ProBNP: 1359 in July 2022. Blood pressure today was 151/102, 149/104, 140/104mmHg.

-Pertinent previous echo findings (7/2022 MML): PW hypertrophy: 0.7cm, borderline LAE.

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, 10mm/mV. The average heart rate is 166bpm with a largely normal rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with thickening of the posterior wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy with remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No mitral regurgitation. No other obvious valvular regurgitation is present. 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>	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	6.2	NM	0.44	1.42	0.70	45	80
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	1.1	1.2	1.1	0.9	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 & 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

Compared to the prior study, findings are remarkably stable. The LA remains normal, indicating low risk for complication and the LV wall thickness is unchanged. No additional issues have developed, and the ECG is unremarkable.

Given these findings, no medications are indicated at this time.



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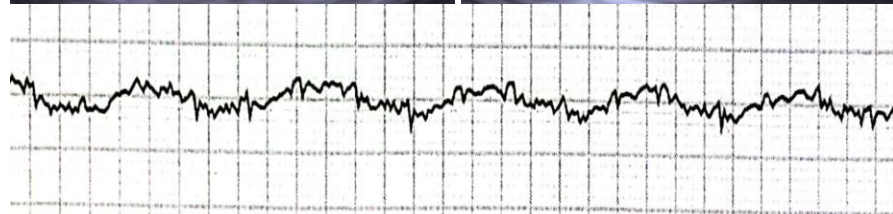
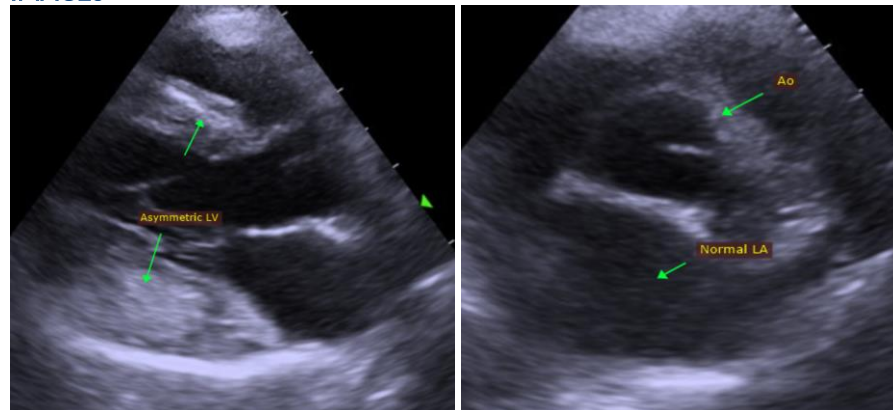
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

PLAN

A screening T4 and BP are recommended every 6 months.

A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

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
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