


PATIENT

Buddy 2 Penton

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

9.10 years

WEIGHT

12.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

T. Tenorio, DVM

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Oakes

INVOICE

23877

DATE

4/26/22

PRESENTING CLINICAL SIGNS

History: Buddy presented to the ER for straining to urinate and during triage multiple VPC's were noted on ECG. No murmurs ausculted. Buddy was diagnosed with FLUTD and a full heart workup was recommended for evaluation of arrhythmias. Patient clinically doing well otherwise.

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. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle appears normal. Trace 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) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.6	NM	0.51	1.4	0.51	57	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	1.3	1.1	1.0		1.2	0.93	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

Overtly normal cardiac structure and function is identified in this study. The LV is quite remodeled and irregular which may be indicative of early cardiac disease (such as UCM/RCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression. Regardless, no additional issues are identified, and the LA dimension is normal.

Presumably a fibrotic LV is enough to cause VPCs; however, systemic/extra-cardiac causes should be considered more likely given the history. 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.

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.



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A recheck echocardiogram and ECG are recommended in 6-12 months to screen for progressive changes.

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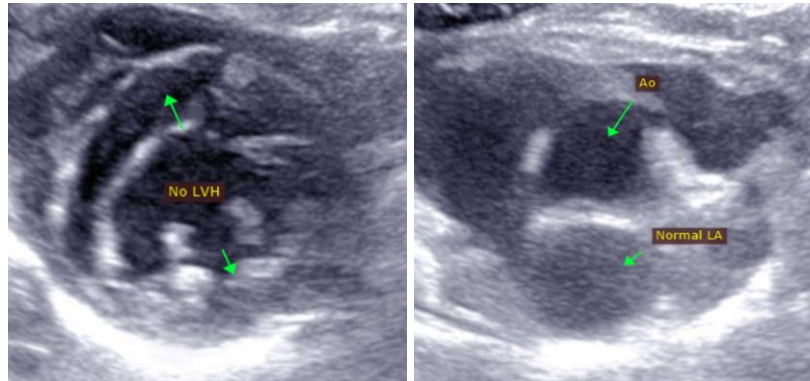
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(Cardiology)

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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