



PATIENT

Charlie Martin

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

11 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Mckenzie
Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

23541

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Soft systolic murmur noted in October 2020. Most recent exam in 11/2021 now notes soft systolic murmur with gallop rhythm
-Abnormal PE/Chem/CBC/UA Results: 11/2021 CBC - Wnl except, eosinophilia 1728 (0-1000); Chemistry profile - Renal chems: wnl, BUN 25, creatinine 2.2; SDMA - Normal 9.4 (<15); Urinalysis - USG 1.017, pH 7, urine chems: 3+ o.blood, urine sedi: nsf, MA: 1.1 (<2.5), Renal Tech: positive.

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; 50mm/s, 20mm/mV. The average heart rate is 150bpm with a largely regular 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 dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal with mild remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear remodeled as well. The left atrium is normal in size. The right atrium is minimally enlarged. Mild to moderate tricuspid regurgitation is identified. Normal velocity. The right ventricle appears normal. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are evident.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.6	140	0.36	1.3	0.35	50	92
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	1.0	1.0	0.6	0.5	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 only abnormality identified is mild to moderate tricuspid regurgitation. Pathologic TR is relatively uncommon in cats. The velocity is normal ruling out pulmonary hypertension as an underlying cause. There is also mild remodeling and fibrosis of the left ventricular wall, which is



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likely due to normal aging, however, is of unknown relevance at this juncture. No additional issues are identified. The ECG is unremarkable, with a normal sinus rhythm.

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No medications are indicated at this juncture as there is low risk for complication with minimal atrial dilation. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

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The cardiac risk for general anesthesia is mild, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

SEX

Female Spayed

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any clinical signs develop in the interim.

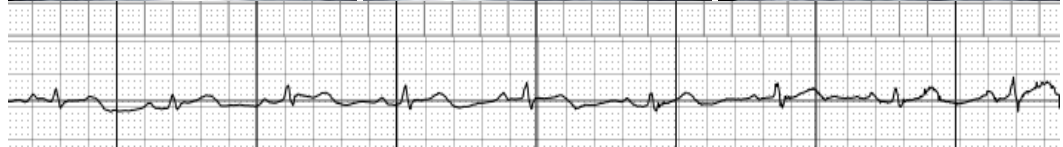
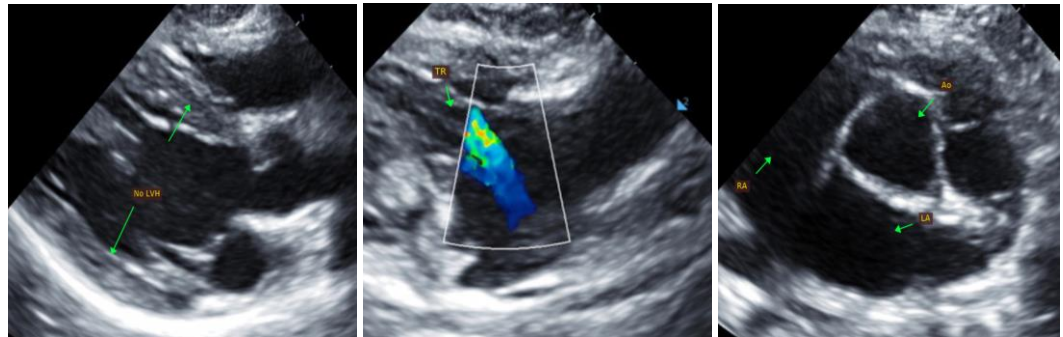
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IMAGES



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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.

IMAGING PERFORMED BY

Sara Hansen

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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.

REFERRING VET

Dr. Arpaia

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