



PATIENT

Mylo Wilson

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Mckenzie
 Animal Hospital

REFERRING VET

Dr. Fricke

INVOICE

30527

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: History of less than ideal care/outdoor living - neighborhood cat. New caretaker. Mildly underweight. Single VPCs every 4-5 seconds, suspect shifted electrical axis (stable/consistent but flattened QRS complexes). BP: 107, 155, 175. Assess prior to dental.

-Abnormal PE/Chem/CBC/UA Results: Potassium 3.3, slightly low SDMA 20.3, elevated BUN, Creatinine normal, mild lymphopenic shift platelets.

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

Normal cardiac silhouette. No obvious evidence of CHF.

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. The tracing is largely nondiagnostic, although a sinus rhythm is suspected.

A photograph of an anesthesia monitor does show two isolated VPCs.
 ECG diagnosis: Normal sinus rhythm with isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are normal in diameter. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The left atrium is normal in size. Trace mitral regurgitation; MV appears normal. The right atrium is normal in size. The right ventricle appears normal (subjective). Trace TR. Blood flow through the RVOT is normal in velocity. No obvious PI or AI. No obvious LVOTO/SAM on 2D imaging. No obvious cardiac tumors identified. No effusions.

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	5.0	205	0.47	1.2	0.44	60	91
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	1.3	1.3		0.8	1.2	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 geriatric cardiac structure and function with normal LV wall measurements and mild remodeling/fibrosis. This degree of abnormality is suspected to be a normal age-related finding; however, serial monitoring is recommended to screen for progressive changes. The LA is normal at this time, indicating a low risk for clinical complications. No additional issues are identified.



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The ECG does show isolated VPCs as the cause of the arrhythmia. No obvious cardiac cause is identified in this study, although fibrotic tissue can theoretically lead to their development. Extra-cardiac factors such as stress, pain, inflammation, systemic disease, etc. should be considered and ruled out. No treatment is warranted for what is seen here with only isolated beats identified. Follow up is recommended. Monitor for any signs of progressive arrhythmia, including significant lethargy or collapse/syncope. Sudden death is unfortunately always a possibility in animals with arrhythmias, regardless of anti-arrhythmic therapy.

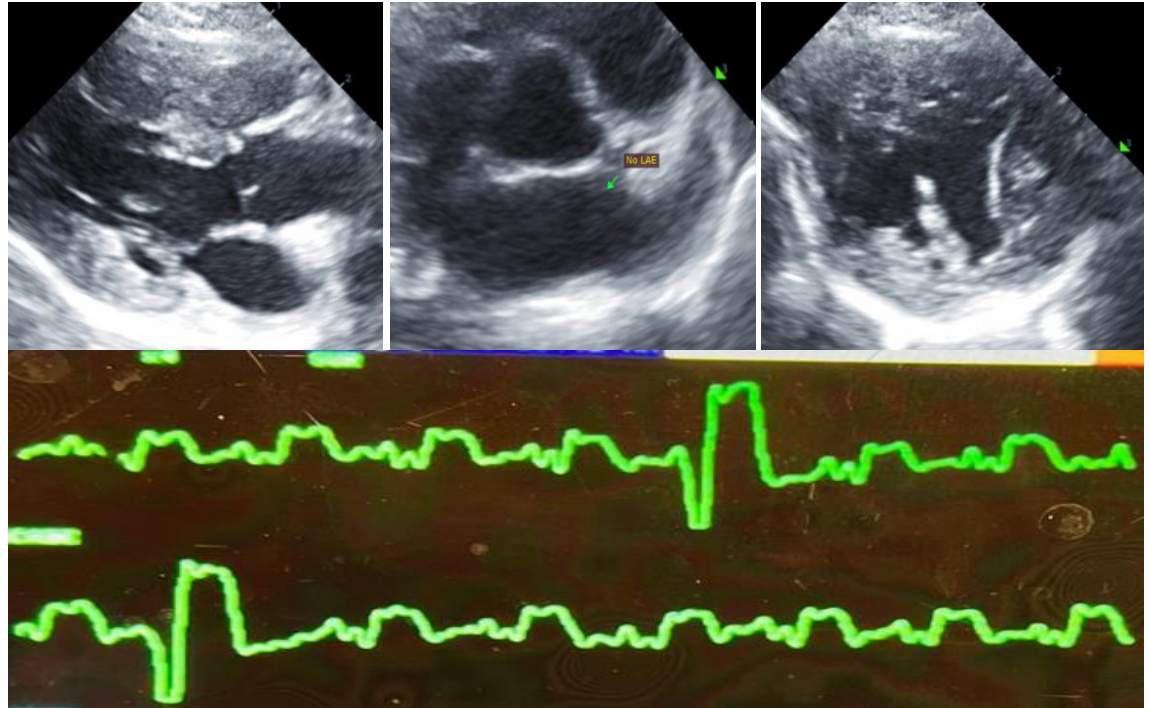
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, alpha 2 agonists. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Monitor ECG intra and post-operatively, with careful intervention if ventricular arrhythmias are sustained (i.e., sustained VT) and lead to hemodynamic compromise.

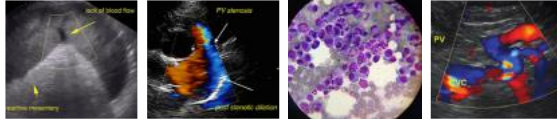
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

No cardiac medications are clearly indicated.

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

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.

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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.

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

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