



PATIENT

Rudy Andrews

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

2.7 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Andrews

INVOICE

30541

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: No murmur. In June of 2021 Rudy was hospitalized for dry FIP and anemia. During that time, he had an echo and it was noted that he had some hyperechoic spots. He was treated with the off-label drug Gs441524 and has made a full recovery. He is currently asymptomatic.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 250bpm 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 right. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Sinus tachycardia with a right axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular in dimension with marked diffuse endocardial fibrosis. The myocardium measures normal in dimension. The LV is mildly dilated with adequate function. The papillary muscles are remodeled and hyperechoic. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT is mildly elevated with a dynamic profile. Blood flow through the RVOT is mildly elevated in velocity with a dynamic profile. No pleural or pericardial effusion seen. 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	4.5	NM	0.47	1.8	0.49	39	76
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	1.2	1.3	1.1	1.4	2.6	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

Early restrictive cardiomyopathy is suspected. This diagnosis is based upon marked and diffuse endocardial fibrosis, which is a hallmark of the disease. The LV is a mildly dilated, which is likely a compensatory response. The good news is the LA is normal, indicating low risk for complication at this time. There is also a dynamic right ventricular outflow tract obstruction, which is a benign flow abnormality that may cause a murmur depending on heart rate. No additional issues are identified.



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The ECG shows a significant sinus tachycardia with a right axis deviation. This is likely due to underlying fibrosis seen on echo. What seen here is benign and does not warrant therapy.

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Given a normal left atrium, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward. Prognosis is guarded prior to assess for progression.

BREED

Sphynx

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

SEX

Male Neutered

AGE

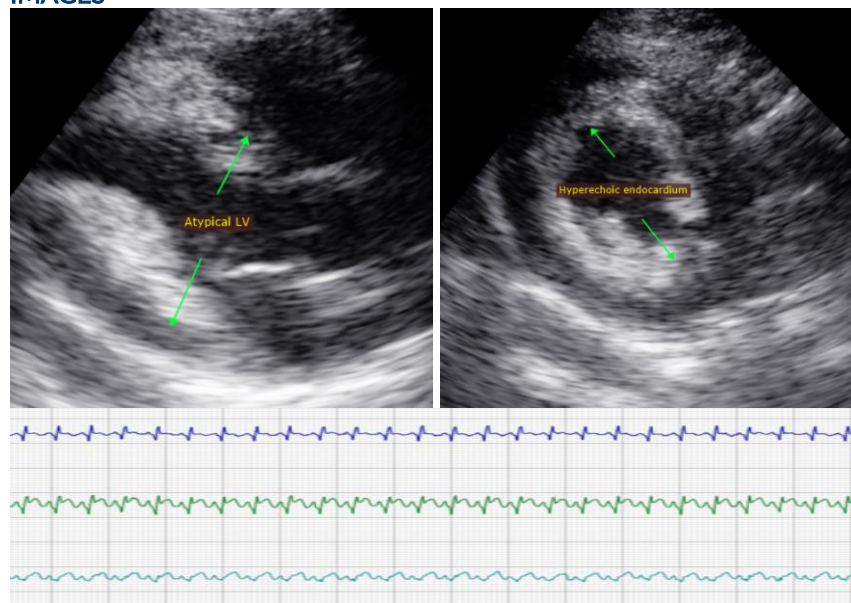
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Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise.

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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.

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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.

DATE

5/2/23

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