



PATIENT

Pris Wendland

PRESENTING CLINICAL SIGNS

History: New 2-3/6 heart murmur. Assess prior to dental.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF.

BREED

DMH

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

SEX

Female Spayed

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 170bpm 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.

AGE

10 years

ECG diagnosis: Normal sinus rhythm with respiratory variation.

WEIGHT

8.6lbs

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with a focal septal thickening and a normal free wall dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with mild MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is mildly elevated with turbulence seen on color flow imaging. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

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	3.9	NM	0.64	1.0	0.52	55	90
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	NM	1.4	1.2		2.0	0.7	NM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Powers

**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.

INVOICE

24343

DATE

5/23/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is focal LV hypertrophy in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. The LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, the murmur is due to a mild LVOT obstruction with secondary MR, which appears intermittent and does not warrant therapy. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.



PATIENT

Pris Wendland

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

10 years

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Powers

INVOICE

24343

DATE

5/23/22

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 vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

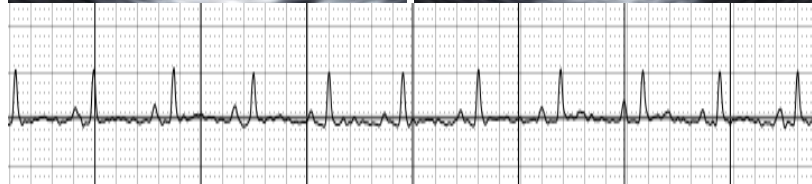
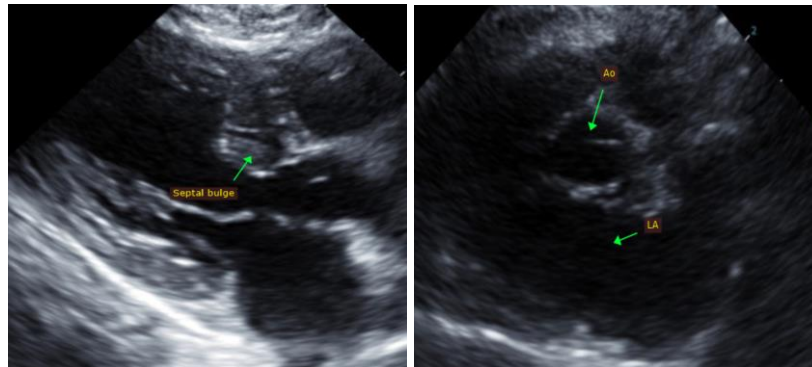
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

PLAN

A baseline BP and T4 are recommended.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com