



PATIENT PRESENTING CLINICAL SIGNS

Tinkie Leavitt

History: Patient had been having diarrhea for 1.5 months which is improved on Fortiflora SA (1packet PO SID). History controlled hyperthyroid (on Methimazole 5 mg, 1/4-tab BID. Has grade II/VI heart murmur and possible stage 2 CKD. BUN 50; creat 2.4; AST 83. BP: 215 217, 223mmHg. Having bi-cavity ultrasound exams

SPECIES

Feline

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

BREED

DSH

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 188bpm with an underlying sinus tachycardia. P for every QRS complex and vice versa. P and QRS morphologies are positive. Frequent isolated APCs throughout; singles only. No ventricular premature beats, pauses or other dysrhythmias observed.

SEX

Female Spayed

ECG diagnosis: Normal sinus tachycardia with isolated APCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

AGE

10 years

Left ventricle: The LV diameter is decreased with adequate myocardial function. The LV wall thicknesses are mildly increased globally. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. **Left atrium:** The left atrium is normal. No obvious spontaneous contrast or thrombi seen.

WEIGHT

11.4lbs

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.66
LVID diastole (cm)	0.9
PW thickness (cm)	0.67
LVID systole (cm)	0.3
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	1.4
AoV Vmax (m/s)	0.94
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Lavin

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this patient with markedly elevated blood pressure despite a calm demeanor, this is likely reflective of hypertensive cardiomyopathy. The LV chamber is decreased, which may reflect some degree of pseudohypertrophy as well, likely secondary to volume depletion.

INVOICE

24448

DATE

5/26/22

Immediate vasodilation is recommended to help stabilize the situation. Additionally, correcting fluid status as able is recommended. Screen for PLN or other contributing



PATIENT
 Tinkie Leavitt

issues in this azotemic patient. Regardless, the LA is normal, indicating low risk for decompensation at this time. Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

SPECIES
 Feline

The ECG shows frequent isolated APCs. These are likely secondary to systemic issues, as well as uncontrolled hyperthyroidism. My hope is correcting the forementioned issues, will also improve the arrhythmia; however, follow up is advised. No antiarrhythmic therapy is warranted at this time.

BREED
 DSH

RECOMMENDATIONS

- Given these findings, no cardiac specific medications are indicated.
- Recommend Amlodipine to effect and screen for PLN, etc. as discussed. Consultation with an IM Specialist should be considered, if difficult to manage.
- Consider fluid therapy and/or volume correction as indicated.
- Monitor BP and T4 every 6 months once controlled.
- Anesthetic risk is considered mild once systemic illness is stabilized; 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

SEX
 Female Spayed

AGE
 10 years

WEIGHT
 11.4lbs

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

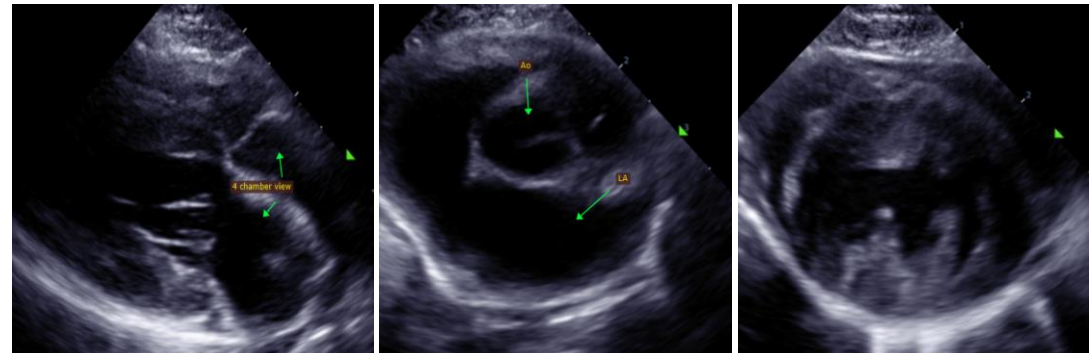
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

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

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

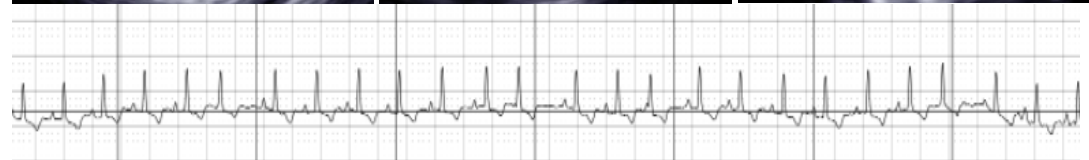
IMAGES



HOSPITAL NAME
 Anchor Animal
 Hospital

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 Dr. Lavin

INVOICE
 24448



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PATIENT
Tinkie Leavitt
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.

SPECIES
Feline
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.

BREED
DSH
Maggie Machen Lamy, DVM
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SEX
Female Spayed

AGE
10 years

WEIGHT
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