



PATIENT

Roman Lomastro

PRESENTING CLINICAL SIGNS

History: Grade II/VI heart murmur. Ding well- no clinical signs. BP: 142-152mmHg.
 *Sedated with gabapentin and butorphanol.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 188bpm. The heart rate will frequency slow to 150bpm followed by a brief sinus pause. A ventricular escape rhythm initiates with a heart rate of 125bpm. No premature beats or other dysrhythmias observed.

BREED

DSH

ECG diagnosis: Sinus rhythm with heart rate variability. Brief sinus pauses with a ventricular escape rhythm.

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal. A small perimembranous ventricular septal defect (VSD) is visualized. The flow is left to right. False tendons.

AGE

4 years

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

WEIGHT

7.62lbs

Right ventricle: The RV appears normal with no evidence of hypertrophy.

Right atrium: Normal RA dimension.

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

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.4
LVID diastole (cm)	1.1
PW thickness (cm)	0.4
LVID systole (cm)	0.6
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.70
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDMS

HOSPITAL NAME

Rhode Island Animal
 Medical Center

INTERPRETATION OF THE FINDINGS

A small perimembranous ventricular septal defect (VSD) is identified as the cause of the murmur. The defect is small in dimension, with left to right flow. There is no evidence of left heart volume overload or relative pulmonic stenosis at this time. Assessment of progression in the future will help predict long term prognosis, which is generally good with this size defect. Most small congenital shunts are able to live a normal life free of medications.

REFERRING VET

Dr. Rogoff

INVOICE

30729

DATE

5/5/23

It is important to note that no medications have been shown to alter outcome in sub-clinical feline heart disease prior to CHF. Given the good prognosis with a small defect, there is no obvious indication for medications.



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Prognosis is open long-term.

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The ECG is unusual with intermittent drops in the sinus rate. As a response to this, a ventricular escape rhythm briefly fires with a heart rate of 120bpm. A drop in sinus rate may reflect sinus node dysfunction, high vagal tone, or simply be secondary to sedation. No AV block is identified. Given that the patient was sedated, this is presumably the cause; however, monitoring for persistence independent of sedation is recommended. If the abnormality is noted in the future, consider possible causes of high vagal tone. If this is also ruled out, sinus node dysfunction may be present. If the finding is persistent, an atropine challenge would be indicated.

BREED

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Male Neutered

RECOMMENDATIONS

- No medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No structural contraindication for general anesthesia; however, an atropine challenge should be considered prior to induction **if the arrhythmia persists**. Administer 0.04mg/kg IV and assess response. A normal response would be an exuberant tachycardia with resolution of sinus rate changes. If the response is inadequate, anesthesia should not be performed.
- Monitor for any breathing change, signs of a blood clot event, or collapse episodes going forward.

AGE

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WEIGHT

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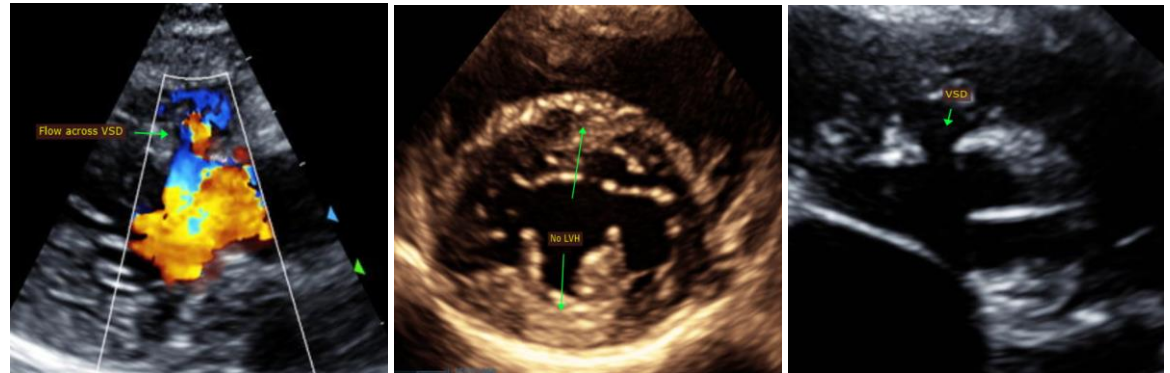
INTERPRETED BY

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDMS

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 Medical Center

REFERRING VET

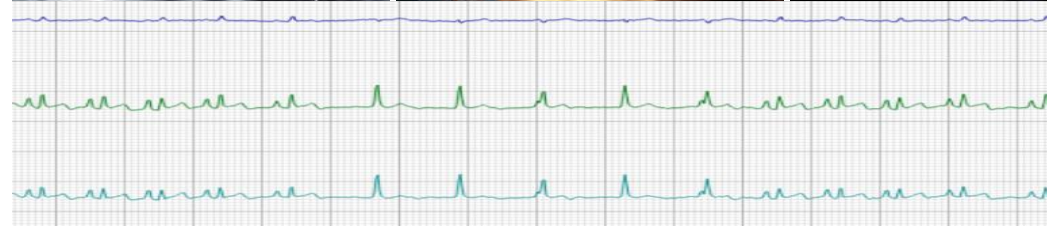
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SPECIES

Feline

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.

BREED

DSH

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.

SEX

Male Neutered

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

AGE

4 years

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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