



PATIENT

Scraps Schwab

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

12years

WEIGHT

4.8 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amanda Lacey-Crook

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Gibson

INVOICE

24738

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Pet is indoor/outdoor and showed up last night crying and favoring left hind limb per owner. Owner also stated that pet was not using either hind limb. Upon exam pet was favoring left, but jumped on counter. There was an arrhythmia present upon cardiac auscultation. Auscultation presented with shoes in dryer appearance escalating with heart rate increase. All the limbs subjectively felt within normal temperature with systemic temperature of 103.0F.
Abnormal PE/Chem/CBC/UA Results: Labwork today: CBC- Leukocytosis 29.55 K/uL, Neutrophilia 24.2 K/uL, Monocytosis 1.10 K/uL Chem- Hyperglycemia 198 mg/dL ** No radiographs performed today BP (highly agitated) 220, 210, 200 Doppler

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 190bpm with a 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 morphology is positive and low voltage. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	2.2	210	0.43	1.3	0.41	49	84
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	1.2	1.0	1.1		1.5	1.6	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 cardiac structure and function are documented in this study. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. No additional issues are identified.



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The submitted ECG is normal, with no evidence of dysrhythmias or chamber enlargement patterns. If these findings do not reflect what was ausculted on exam (ie premature beats), a longer recording or potentially a holter monitor may be necessary.

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Given these findings, the **clinical issues are unlikely to be cardiac-related** (i.e., low risk of a cardiac thrombus with a normal left atrium), however this does not rule out non-cardiac thrombi etc. Further neurologic and orthopedic evaluation is advised.

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The patient's BP is quite elevated; however, marked agitation is noted in the history. Simple follow up is advised to ensure a baseline reading is obtained as able.

SEX

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No cardiac contraindication for general anesthesia.

Recommend recheck echocardiogram in 1 year to assess any progressive issues or development of silent cardiomyopathy, sooner if a murmur develops in the interim.

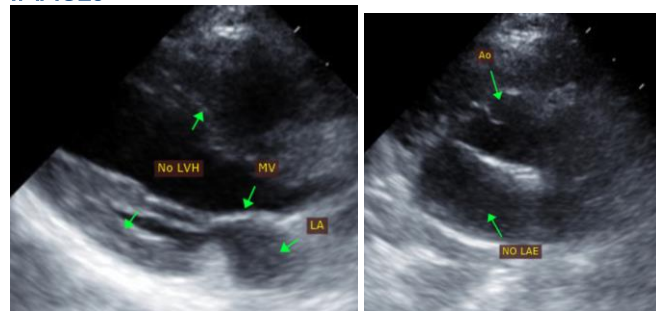
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IMAGES

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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.

IMAGING PERFORMED BY

Amanda Lacey-Crook

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

HOSPITAL NAME

River's Edge Pet
Medical Center

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