


PATIENT

Cheeto Penman

PRESENTING CLINICAL SIGNS

History: Presented for lethargy. ECG was performed and echo recommended. Patient has stomatitis. No heart murmur or arrhythmia upon exam. Assess prior to dental. BP: 154, 152, 154mmHg.

SPECIES

Feline

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

BREED

Maine Coon

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 180bpm (range 176-188bpm). 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 left. Brief paroxysm of accelerated idioventricular rhythm (7 beats in length); heart rate 160bpm. No ectopic beats, pauses or dysrhythmias observed.

SEX

Male Neutered

ECG diagnosis: Normal sinus rhythm. Brief paroxysm of AIVR. Left axis deviation.

AGE

1.6 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of mild fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The LV chamber is mildly dilated with adequate function. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. Trace central MR. The right atrium is mildly dilated. The right ventricle is normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity; however, dynamic profile is noted through the pulmonary artery. No aortic insufficiency. No pleural or pericardial effusion seen. No obvious cardiac tumors.

WEIGHT

18.4lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

CARDIAC CHART
IMAGING PERFORMED BY

Amanda Lacey-Crook, SDEP

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	8.3	NM	0.49	1.9	0.48	53	92
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	1.7	1.6	1.6	1.5	0.8	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.

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Gray

INVOICE

24839

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Early unclassified cardiomyopathy is suspected. This diagnosis is based upon mild biatrial and LV dilation and a lack of significant LV pathology. It should be noted that this is a very large cat, so potentially this is simply a normal variant. Follow up to screen for progression is advised.

DATE

6/16/22



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Prognosis is open prior to screening for progressive changes. Fortunately, with only mild atrial dilation the risk for complication is low at this time. No additional issues are identified.

SPECIES

Feline

The ECG is largely normal with a brief paroxysm of a slightly accelerated ventricular rhythm (AIVR). This of little concern given a low heart rate, lack of prematurity and no hemodynamic consequence. In my opinion AIVR may suggest systemic inflammation, rather than simply being due to cardiac changes particularly given the mild nature of the structural pathology. Systemic evaluation is warranted; however, stomatitis may theoretically be enough to explain this development. In a cat that is otherwise normal, concern is low.

BREED

Maine Coon

Given only mild atrial dilation, 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.

SEX

Male Neutered

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. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

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WEIGHT

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PLAN

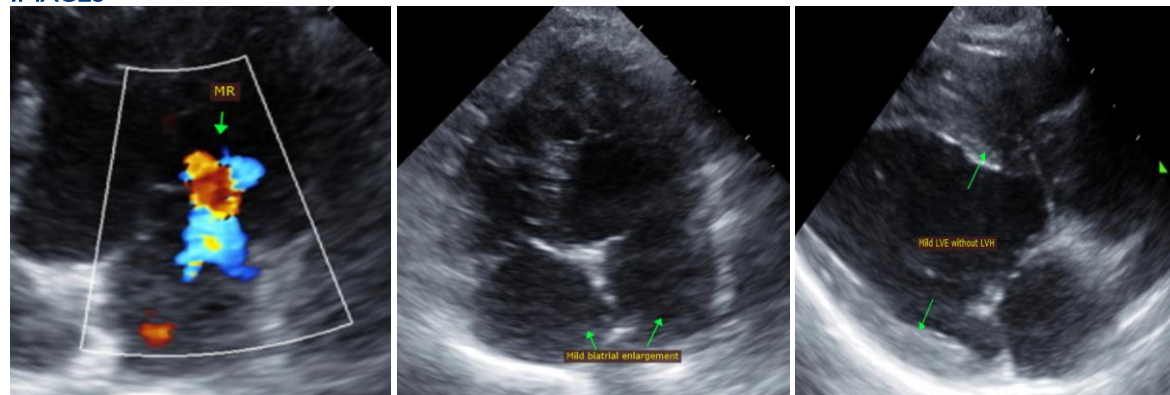
No treatment is necessary at this time.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

IMAGES



IMAGING PERFORMED BY

Amanda Lacey-Crook, SDEP

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Medical Center

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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.

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

Maine Coon

Maggie Machen Lamy, DVM
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info@sonopath.com

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