


PATIENT

Maddie Colwell

PRESENTING CLINICAL SIGNS

 History: Grade 5/6 heart murmur. Weight loss.
 -Abnormal PE/Chem/CBC/UA Results: Creatinine 49.

SPECIES

Feline

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

A single lead ECG is available; 25mm/s, 20mm/mV. Baseline and motion artifact throughout impedes careful interpretation. What can be said is the average HR is 188bpm with no obvious dysrhythmias observed; however, this is not entirely ruled out.

BREED

Abyssinian

ECG diagnosis: Normal sinus tachycardia.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is suspected on 2D and color flow imaging. The AV max is >3.0. Mild mitral regurgitation. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

AGE

12 years

WEIGHT

7.3lbs

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)	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	3.3	222	0.57	1.0	0.55	52	87
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	1.2	1.0		>3.0	0.7	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.

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Queensway
 Veterinary Hospital

REFERRING VET

Dr. Saad

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

 The primary abnormality identified is borderline LV hypertrophy with an LVOT obstruction. Both findings are mild with no LA enlargement and mild secondary MR. A normal variant is possible (i.e., stress related or secondary to **volume changes**); however, early hypertrophic obstructive cardiomyopathy (HOCM) may be present. Follow-up is recommended and baseline lab work should be assessed. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.

INVOICE

31392

DATE

6/16/23

 Given these findings, no medications are indicated. Atenolol may be advised in the future should the disease progress. **Certainly, no correlation to current clinical issues is suspected at this time.** Prognosis is open prior to assessing for progression.



PATIENT
Maddie Colwell

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

SPECIES
Feline

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 (ketamine, glycopyrrolate, atropine).

BREED
Abyssinian

PLAN
Screening blood pressure and T4 are recommended every 6 months. Baseline lab work is recommended.

SEX
Female Spayed

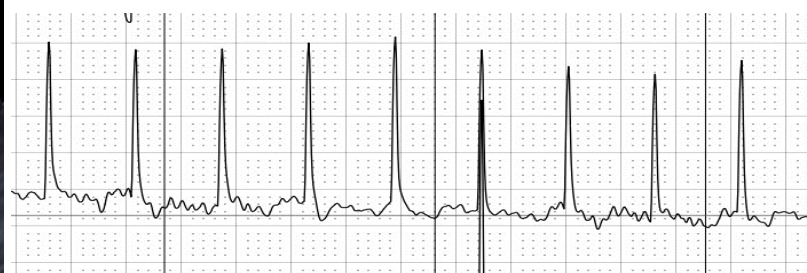
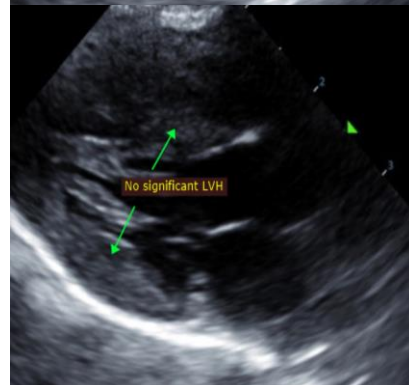
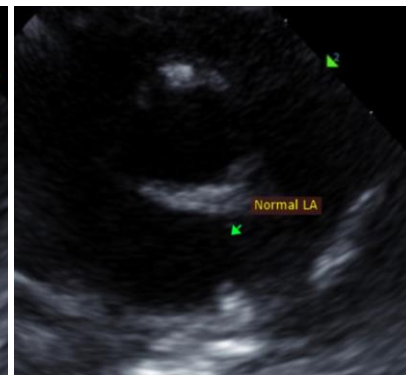
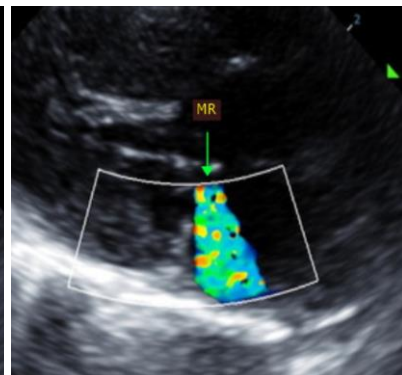
Recommend recheck echocardiogram in 6-12months to assess for progression, sooner if clinical issues arise.

AGE
12 years

WEIGHT
7.3lbs

INTERPRETED BY
Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Queensway
Veterinary Hospital

REFERRING VET
Dr. Saad

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.

INVOICE
31392

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.

DATE
6/16/23

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