



PATIENT

Esther Hearst

PRESENTING CLINICAL SIGNS

History: Recheck echo. No history provided.
 -Pertinent previous echo findings (9/2021 MML): UCM with mild LAE: 1.4cm. IVSd: 0.43, LVWd: 0.46.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 188bpm with a largely 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 is inverted. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm. LAFB.

BREED

DSH

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild LV dilation and mild dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Papillary muscle fibrosis and remodeling. The left atrium is moderately dilated and bulbous in appearance. 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 are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

AGE

15 years

CARDIAC CHART

WEIGHT

14.7lbs

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	6.7	210	0.4	1.8	0.47	38	70
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	>2.0	1.8	1.6	0.6	0.6	NM	

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills Animal Hospital

REFERRING VET

Dr. Remcho

INVOICE

25035

DATE

6/28/22

**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

Continued progression is identified in this study with LV dilation and dysfunction. The LA dimension continues to increase with moderate overall enlargement. No obvious additional issues are identified.

Prognosis is guarded long-term yet high variable. That being said, progression in LA dimension is highly concerning for development of clinical signs in the future. The ECG is largely unremarkable with a normal sinus tachycardia. An LAFB is a benign bundle branch block and likely has developed secondary to fibrotic changes. No treatment is needed.



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Given progression seen here, reconsider institute Pimobendan and an ACE-I for long-term benefit. Additionally, Plavix may be reasonable given moderate LA dilation. Discussion with the owner is advised; however, these medications are recommended at this time.

SPECIES

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Anesthetic risk is moderately elevated and should be avoided unless necessary.

BREED

DSH

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Patient will likely be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

SEX

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PLAN

Recommend Pimobendan 1.25mg PO q12h. Recommend ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg.). Recommend Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

AGE

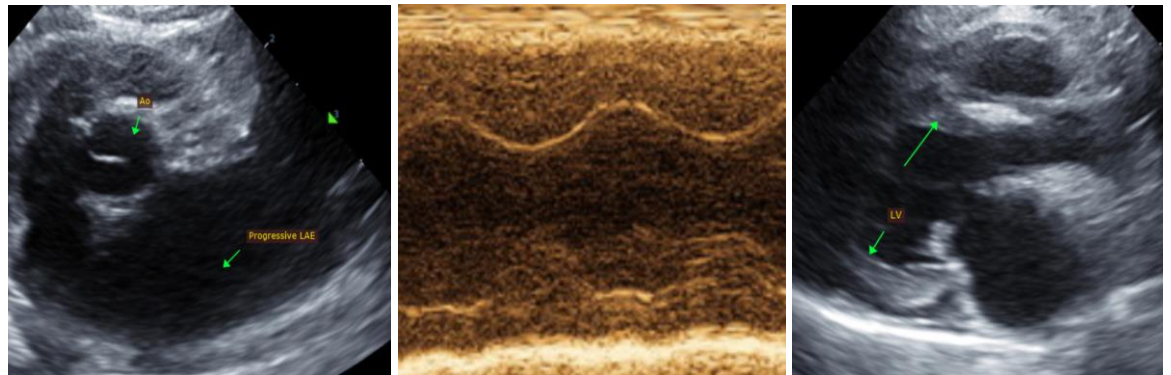
15 years

A recheck echocardiogram is recommended in 6 months to screen for progression.

WEIGHT

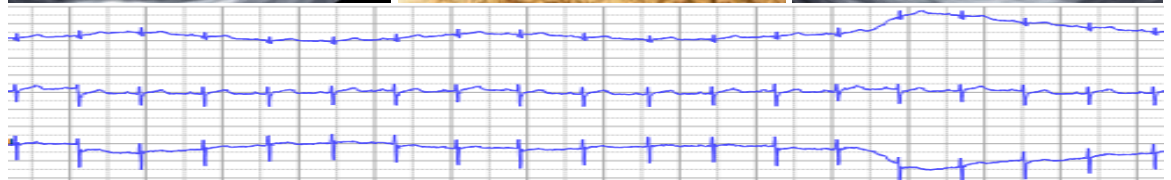
14.7lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)



IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

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REFERRING VET

Dr. Remcho

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

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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

6/28/22

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