



PATIENT

Yahtzee Burrall

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6.6 years

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Sims

INVOICE

31757

DATE

7/10/23

PRESENTING CLINICAL SIGNS

History: Hospitalized for first episode of CHF.

-Current medications: Lasix 3mg/kg PO BID + Pimobendan 1.125mg PO BID.

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 isoelectric. The MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia. LAFB.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall appears mildly volume depleted without significant hypertrophy. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is borderline normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No obvious valve regurgitation. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	4.6	NM	0.45	1.3	0.52	38	70
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 (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.4	1.3		1.7	1.7	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV has a volume depleted appearance, which is common with Lasix therapy. The LA is borderline normal suggesting low risk for complication. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm. A left anterior fascicular block is noted, which is a benign conduction abnormality. No follow-up is necessary.

These findings would suggest the recent diagnosis of CHF should be questioned. Unless there was radiographic evidence of atypical congestion, this is considered extremely unlikely. A



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Radiologist review of the films should be considered; however, based upon these findings there is no indication for continued Lasix or Pimobendan therapy.

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Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

BREED

DSH

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

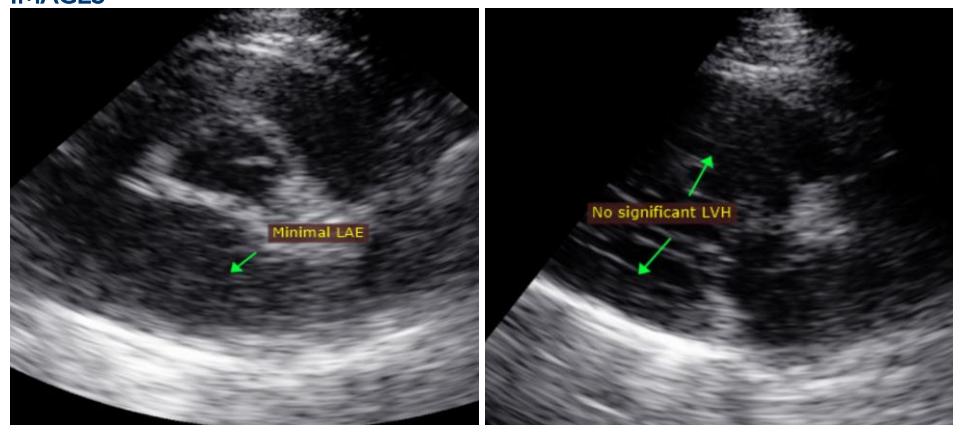
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IMAGES

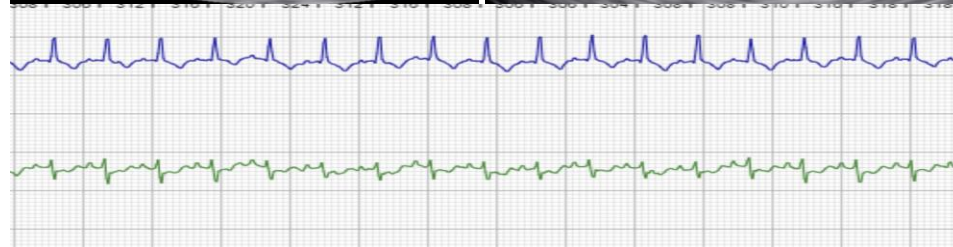
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Sims

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.

INVOICE

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