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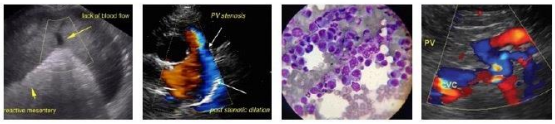

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Molly Godden

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
13 years

WEIGHT
7.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Kelly Reschny, RVT

HOSPITAL NAME
Snelgrove Veterinary Service

REFERRING VET
Dr. Lorio

INVOICE
31916

DATE
7/18/23

PRESENTING CLINICAL SIGNS

History: Losing weight, breathing was laboured, wasn't herself, lethargic, not eating, brought her up to the cottage this weekend, since we've been home has found little globs of blood, unsure where from, has been cleaning her bum more than normal, O thinks she may be constipated, occasional sneeze, has been tremoring, got out on Friday night, stayed near the house, pooping outside the litter box, and has peed outside the litter box once. Seems constipated, only going to the litter box EOD. Started after adding dry food to her diet. Grade II sternal murmur, pulses strong and synchronous, lung sounds normal in all areas. NSF on remainder of PE Current Medications Lactulose 0.3mL BID of 667mg/ml.

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; 50mm/s, 20mm/mV. The initial heart rate is 130bpm with a largely regular rhythm. P waves are difficult to visualize. The QRS is positive yet low voltage.
A second strip is submitted with an average heart rate of 170bpm. P waves remain elusive; however, a sinus origin is suspected. Occasional premature beats suspected. No pauses or dysrhythmias observed.
ECG diagnosis: Suspect high vagal tone causing intermittent bradycardia. Isolated premature beats.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. The MPA and branches are prominent. No effusions. 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	3.4	130	0.41	1.33	0.44	68	93
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	1.4	1.2	1.1		1.2	1.1	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.

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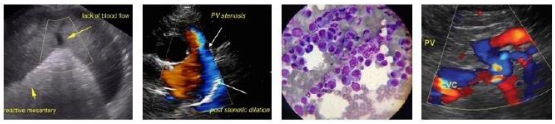

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. The MPA and branches are prominent, although this is of unknown significance. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Given these findings and a normal LA dimension, no medications are indicated. No cardiac cause for labored breathing is suspected.

The ECG is largely non-diagnostic due to low voltage complexes. Unfortunately, this is a limitation of a single-lead tracing, particularly in cats. What can be said is there is heart rate variability with periods of bradycardia contrasting mild tachycardia. There is also an irregular rhythm at times with suspicion for premature beats. The simplest explanation would be that sinus bradycardia is present due to GI disease and high vagal tone. That being said, a six-lead tracing is strongly recommended, particularly if anesthesia is required. No treatment is indicated based upon the information we have at this time.

Anesthesia is not advised prior to further arrythmia evaluation.

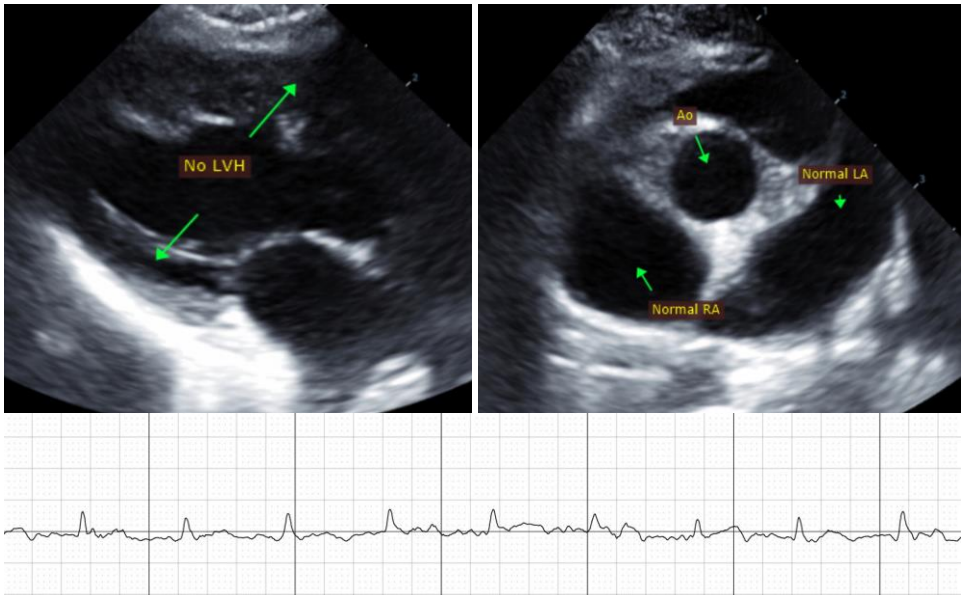
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Consider a six-lead tracing. Baseline BP recommended.

Recommend recheck echocardiogram in 6 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

IMAGES



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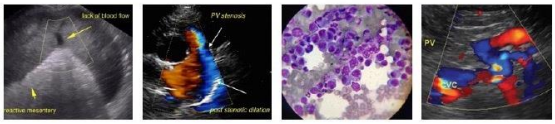

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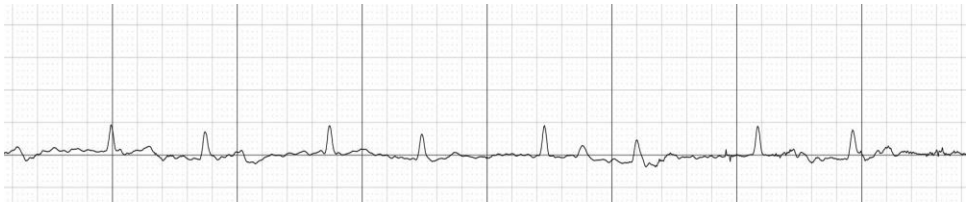

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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