



PATIENT

Mister Meowee
Ruchnell

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11 years

WEIGHT

8.63lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany Animal
Hospital

REFERRING VET

Dr. Fletcher

INVOICE

31974

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: Tachycardia with a gallop rhythm. Tachypnea with possible dyspnea and concern for CHF. Grade 4/6 heart murmur. BP: 120mmHg.

-Current medications: Convenia injection 7/13/23, Cerenia 24mg Tablets 7/13/23 (1/2 tablet PO SID until gone), Furosemide 12.5mg Tablets (1 tablet PO TID).

-Radiographs: Cardiomegaly.

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 average heart rate is 230bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. Mild to moderate TR. Normal velocity. The right ventricle appears normal. The mitral valve is normal in structure and mobility and trivial MR. 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) (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	3.9	230	0.49	1.2	0.50	68	96
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	1.5	1.3	1.2		0.94	1.0	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.							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The only abnormality identified is mild to moderate TR, which is of unknown clinical significance. This may represent early degeneration/right heart disease in this senior cat and follow up is recommended. Regardless, the TR velocity is normal, and the RA is not enlarged, suggesting this is well compensated for at this time. No additional issues are identified. The ECG is unremarkable with a normal sinus tachycardia. A thyroid level is strongly recommended if not recently assessed.



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These findings would suggest CHF is unlikely in this cause. Other possible causes of tachypnea should be considered. **Lasix should be discontinued, and the renal values assessed.**

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Prognosis is guarded prior to assessing for progression.

BREED

DLH

Anesthetic risk is considered mild. With this degree of 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.

SEX

Male Neutered

Recommend recheck echocardiogram in 1 year to assess for progression.

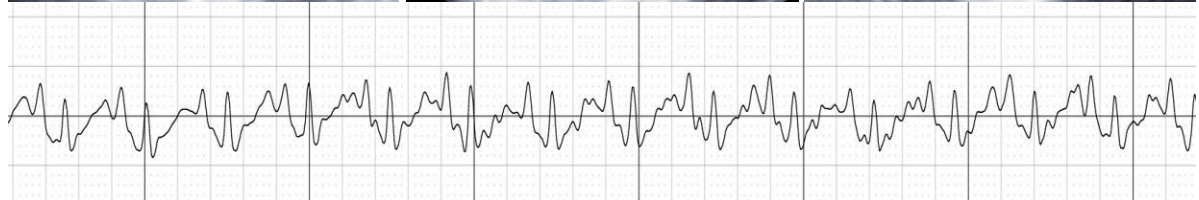
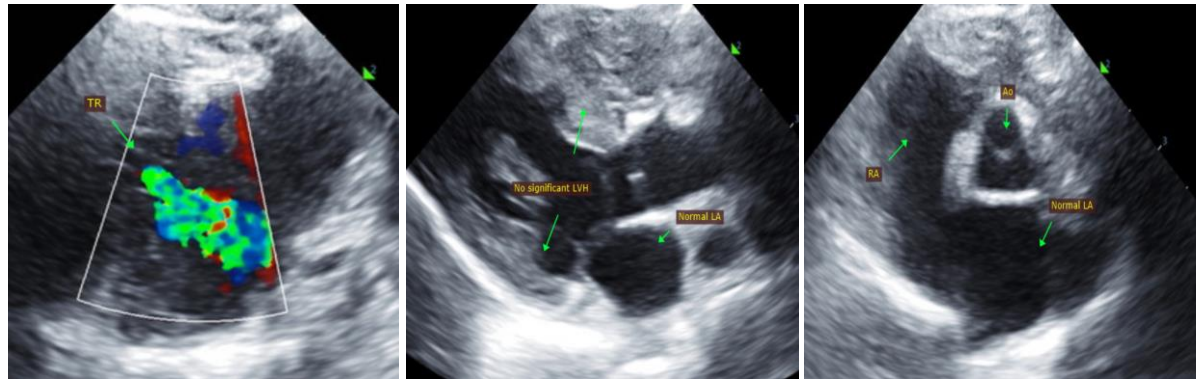
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IMAGES



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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.

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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.

REFERRING VET

Dr. Fletcher

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