



PATIENT

Storm Jaeger

PRESENTING CLINICAL SIGNS

History: Intermittent arrhythmia noted on exam. Suspect IBD. Renal disease.
-Current medications: Budesonide, Cerenia and Fluoxetine.

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 morphology is positive with normal dimension. MEA is normal. Occasional VPCs are noted; primarily singles with one tight couplet. No APCs, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with isolated VPCs and one couplet.

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to mildly decreased in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild LV dilation with mild LV dysfunction. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

AGE

16.8 years

WEIGHT

8lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	3.6	NM	0.33	1.9	0.32	36	70
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	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	1.2	1.1		1.0	0.8	NM

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Martin

INVOICE

32008

DATE

7/31/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild structural abnormalities are identified, including mild LV dilation with mild systolic dysfunction. No evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. The LA is normal, suggesting low risk for complication. These abnormalities may be consistent with early restrictive disease (RCM) and monitoring for progression is advised. That being said, in a geriatric cat, this is of unknown clinical significance.

**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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The ECG does show isolated VPCs with one couplet. These are likely due to stress and mild heart disease in this senior patient. That being said, systemic illness can also lead to this development and should be considered. No treatment is warranted based upon what is seen here. Antiarrhythmics must be used cautiously, particularly in cats, and are not advised at this time.

SPECIES

Feline

No cardiac medications are clearly indicated. Prognosis is guarded prior to assessing for progression.

BREED

DSH

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

SEX

Male Neutered

Anesthesia is not advised.

A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any clinical issues arise in the interim.

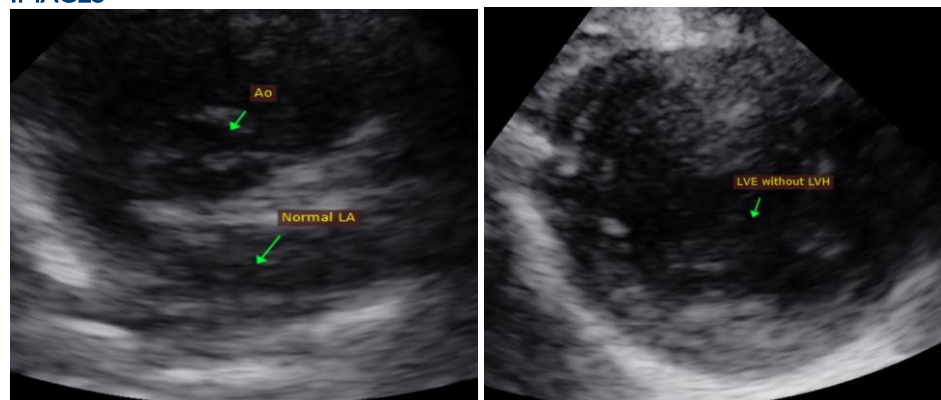
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IMAGES

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Dr. Martin

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.

DATE

7/31/23

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