



PATIENT

Hazelnut Flores

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Aumsville Animal
 Clinic

REFERRING VET

Dr. Morrow

INVOICE

25189

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Gallop. Grade 5/6 murmur. Elevated ProBNP (>1500),
 -Current medications- Prednisolone eye Drops
 -Abnormal PE/Chem/CBC/UA Results: Non regenerative Anemia (27), Potassium decreased (2.6) T4-WNL.

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 200bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. 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 irregular with regions of borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle hypertrophy. The left atrium is mildly 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. Trace MR. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. Scant pericardial effusion. No obvious cardiac tumors identified.

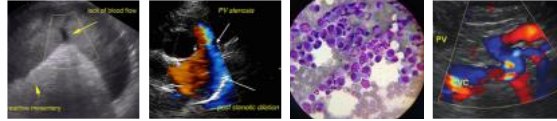
CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.2	180	0.57	1.7	0.58	53	86
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	1.4	1.4		1.1	1.4	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

Borderline LV hypertrophy is present in addition to mild left atrial enlargement, This may be indicative of early hypertrophic disease, may simply represent a normal variant, or may reflect an unclassified cardiomyopathy. Regardless, what is seen here is mild with mild LA enlargement. There certainly may be risk for progression going forward in this senior cat. Serial echocardiography will be necessary to determine progression. Given these findings, no



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medications are indicated. Interestingly, no cause for a loud murmur is identified at this time. Finally, the ECG is unremarkable with a normal sinus tachycardia.

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Scant pericardial effusion is of unknown relevance at this time. Risk for CHF is low and a noncardiogenic origin is suspected. A normal variant is also possible; however, screening for underlying systemic/neoplastic issues in a senior cat is advised. This includes abdominal ultrasound, full lab work, etc.

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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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

PLAN

Monitor BP/T4 every 6 months. Consider full systemic evaluation as discussed.

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11.5lbs

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression, sooner if clinical issues arise.

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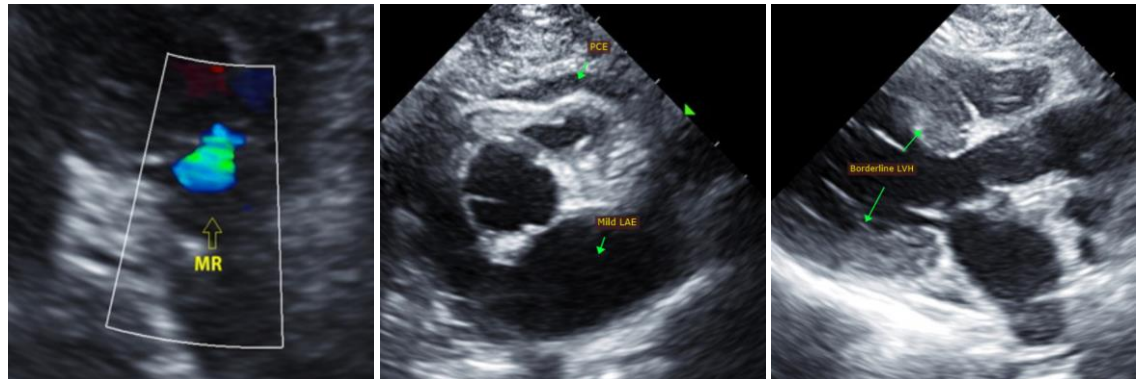
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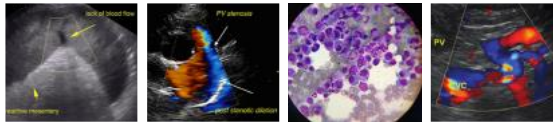
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IMAGES





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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.

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
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