



PATIENT

Sookie Perkins

PRESENTING CLINICAL SIGNS

History: Grade III/VI systolic murmur; no clinical signs. ProBNP 978.

SPECIES

Feline

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; 25mm/s, 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. P for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs throughout; monomorphic and singles only. No supraventricular premature beats, pauses or other dysrhythmias observed.

BREED

DSH

ECG diagnosis: Normal sinus rhythm with isolated VPCs.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with mildly depressed myocardial function. The LV wall thicknesses are largely normal albeit irregular in appearance. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

AGE

12 years

Left atrium: The left atrium is mild to moderately dilated. No obvious thrombi seen.

WEIGHT

10.5lbs

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace MR.

Aortic valve/Aorta: The aortic valve is mildly thickened. No obvious stenosis. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Right atrium: The right atrium is mildly dilated.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.52
LVID diastole (cm)	1.62
PW thickness (cm)	0.40
LVID systole (cm)	1.2
FS (%)	28

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Chase Veterinary
Clinic

REFERRING VET

Dr. Caffarella

INVOICE

25233

INTERPRETATION OF THE FINDINGS

The finding of left atrial enlargement in the face of normal LV wall thickness and systolic dysfunction is most consistent with unclassified or restrictive cardiomyopathy. Mild to moderate left atrial dilation is present in addition to significant LV remodeling and fibrosis which indicates diastolic dysfunction. Additionally, the ECG confirms isolated VPCs have developed likely secondary to structural pathology.

DATE

7/9/22

Regardless of categorical classification, the finding of atrial dilation and arrhythmic disease confers risk for progression in the future and medications should be considered.



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Pimobendan should be considered if the patient is easily medicated. Additionally, Plavix may be reasonable given atrial dilation to help decrease the risk of a blood clot event in the future. Finally, we must determine if treatment is indicated for the arrhythmia. In an asymptomatic cat with underlying structural disease, it is reasonable to simply monitor given that only isolated VPCs are noted. Systemic evaluation should always be considered in a senior cat, to screen for additionally possible causes; however, underlying structural disease is likely the case in this instance.

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The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with sub-clinical disease. There will always remain risk for progression to CHF and development of blood clots in the future.

SEX
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Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

AGE
 12 years

RECOMMENDATIONS

- Consider institute blood thinner Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Consider institute Pimobendan (off label use) 1.25mg PO q12h.
- Consider systemic evaluation as discussed.
- If patient develops lethargy or collapse, immediate recheck ECG is recommended to screen for malignant sustained arrhythmias.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.)

WEIGHT
 10.5lbs

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PLAN

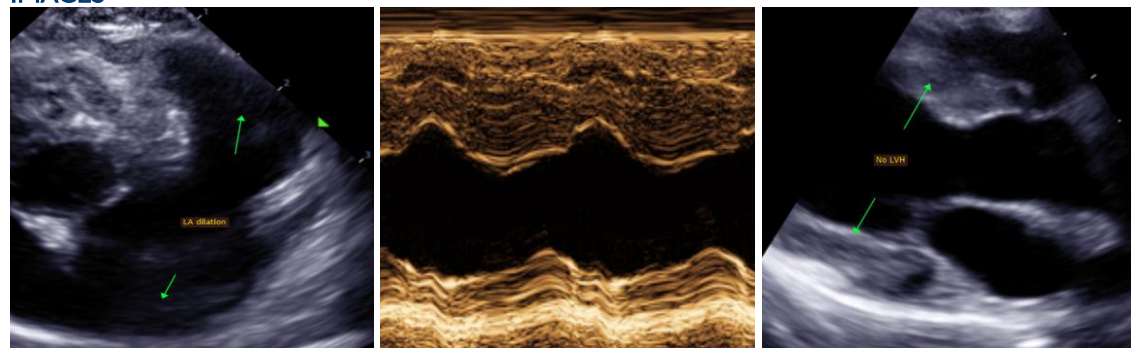
- Recheck BP and ECG every 3-4 months lifelong.
- Recheck echocardiogram in 6 months, sooner if clinical signs arise

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Chase Veterinary
 Clinic

REFERRING VET
 Dr. Caffarella

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Female Spayed

AGE

12 years

WEIGHT

10.5lbs

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