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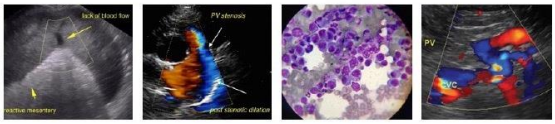

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Wynton Ferrett

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12 years

WEIGHT
12.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Southside Animal Clinic

REFERRING VET
Dr. Lucas

INVOICE
25840

DATE
8/17/22

PRESENTING CLINICAL SIGNS
History: Ventricular tachycardia. Weight loss. Respiratory distress. Ptyalism. Lethargy. Drools and very stressed in clinic (always). Was given Gabapentin today before appt. No murmur.
-Abnormal PE/Chem/CBC/UA Results: ProBNP greater than 1500.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Minimal cardiomegaly. No obvious evidence of CHF.

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. Low voltage complexes impedes extensive evaluation. What can be said is the average heart rate is 188-200bpm. P waves cannot be visualized as the ECG low voltage. Isolated VPCs are suspected, rare in occurrence. No obvious supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Suspect normal sinus rhythm with isolated VPCs; however, **a more sensitive tracing is strongly recommended.**

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. The endocardium is mildly irregular and hyperechoic consistent with fibrosis. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. 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. There is no mitral regurgitation present. No tricuspid regurgitation identified. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is mildly elevated with a dynamic profile. No effusions or cardiac tumors are identified.

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	5.5	183	0.44	1.39	0.43	48	83

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	1.1	1.1	1.0	1.0	2.2	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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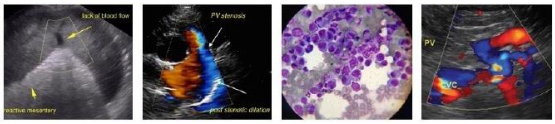

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The cause of the murmur is a dynamic RVOT obstruction which is benign (secondary to volume changes or tachycardia). There is a mild amount of remodeling and fibrosis of the left ventricular wall which is likely age-related changes; however, early disease cannot be ruled out without serial studies. Both atria are normal at this time however, indicating low risk for complication.

The ECG does show isolated VPC's. VPC's are non-specific in origin and can be due to significant cardiac disease (not present in this study) or develop secondary to systemic illness, stress, etc. The latter is suspected in this case given the presenting clinical signs. Regardless, no therapy is typically warranted for arrhythmic cats with the exception of sustained tachyarrhythmias and simple follow up is recommended. **The history mentions ventricular tachycardia without further explanation. If this was truly diagnosed, then clearly medications are warranted, and this changes the significance of these findings. No further recommendations can be made without further historical information.**

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 ketamine, telazol, alpha 2 agonists. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Monitor ECG intra and post-operatively, with careful intervention if ventricular arrhythmias worsen (i.e., sustained VT) and lead to hemodynamic compromise (hypotension).

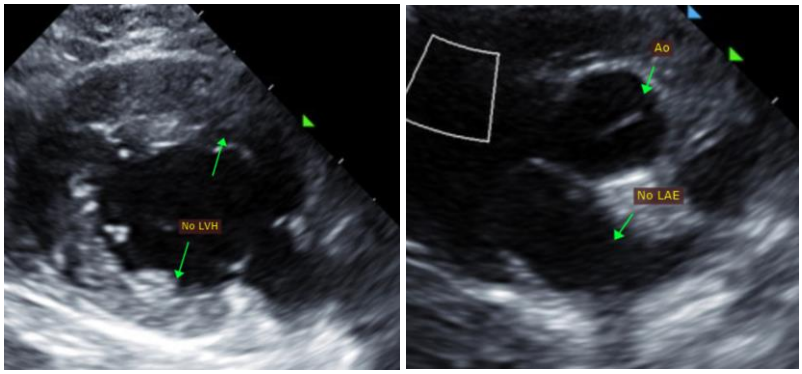
No medications are indicated. Full systemic evaluation is recommended to assess causes for clinical signs. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness).

PLAN

Further historical information regarding VT is recommended, as treatment may be warranted. Consider systemic evaluation as discussed.

Recommend recheck echocardiogram in 12 months to assess for progression or development of disease the pre-existing murmur may mask.

IMAGES



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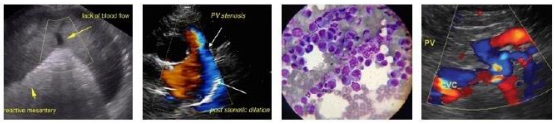

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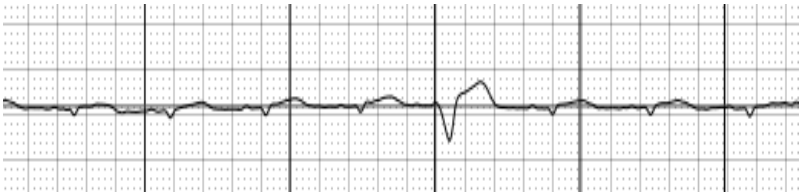

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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