



PATIENT

Oliver Geishirt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tom McNeill

PRESENTING CLINICAL SIGNS

History: Patient presents for mass removal (round, soft, hairless mass on top of head). AV Block found on pre-surgical ECG.

-Abnormal PE/Chem/CBC/UA Results: Patient also presents for recheck thyroid levels, on Methimazole. This was submitted to Antech. Pre-surgical ECG showed 3rd degree AV block.

Recommendation to perform atropine response test. Gave 0.33ml atropine IV, waited 15 minutes, repeated ECG. Block still present, anesthesia is contraindicated.

-BP: 141/91 108 167/106 126 138/94 109 144/93 110 130/88 102 135/89 104mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. False tendon. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

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	4.4	90	0.39	1.6	0.40	54	87
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	NM	1.5	1.45		0.6	0.5	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.

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Heyne

INVOICE

25890

DATE

8/18/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mild left atrial enlargement. This may suggest underlying Unclassified cardiomyopathy or may have developed secondary to chronic bradycardia. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. These findings would suggest low risk for complication at this time from a structural standpoint.

No structural cause for the arrhythmia is seen here. Further evaluation, treatment and follow up for the arrhythmia should be dictated by the ECG report; however, non-atropine responsive AV block likely warrants referral for pacemaker consultation. With only mild left atrial enlargement, no indication for cardiac supportive medications; however, serial monitoring is certainly advised.



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AV block is certainly a contraindication for anesthesia and is not advised.

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues.

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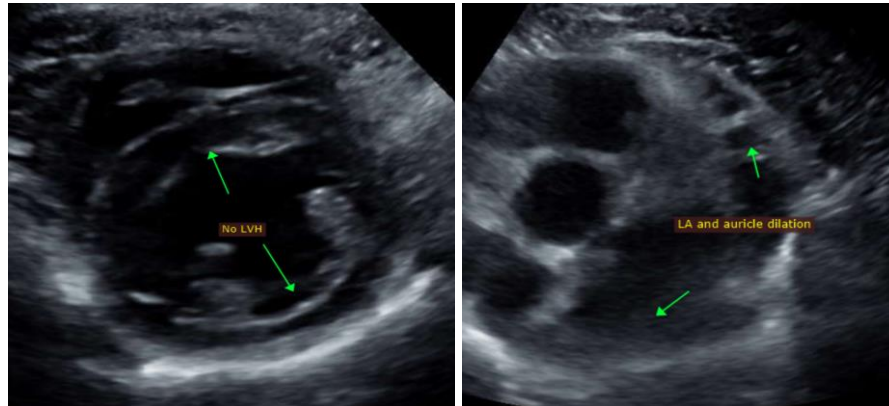
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IMAGES



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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Thank you for this referral. 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)
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