



PATIENT

Kona Rosenberger

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

7 years

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

INVOICE

25969

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Pertinent previous echo findings (2/2022 MML): Asymmetric LVH. IVSd: 0.74, LVWd: 0.51. No LAE, mild SAM, mild MR. Was on Atenolol at that time.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 166bpm with a 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. The QRS is isoelectric. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus tachycardia. Left axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a discrete septal bulge and a normal free wall dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No significant systolic anterior motion (SAM). There is trace eccentric mitral regurgitation. Mild TR. Normal velocity. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	4.8	185	0.62	1.2	0.42	58	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.4	1.3	1.25		1.2	1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable disease is identified on this exam. The LV pathology is similar to previous without obvious progression. The LA remains normal, indicating low risk for complication and no significant LVOTO is appreciated. A mild tricuspid leak has developed, which should be monitored going forward. No additional issues are identified, and the ECG is unremarkable.



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Giving these findings, it is reasonable to continue Atenolol at the previously prescribed dose. The target heart rate appears appropriate at this time. A baseline blood pressure and T4 are recommended every 6 months.

SPECIES

Feline

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). 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 (ketamine, glycopyrrolate, atropine).

BREED

DMH

PLAN

Continue Atenolol to 12.5mg PO q24h.

SEX

Female Spayed

Screening blood pressure and T4 are recommended every 6 months.

AGE

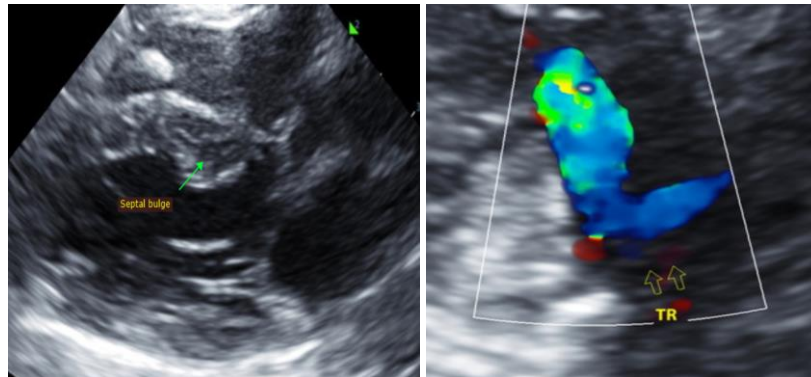
7 years

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

WEIGHT

10.5lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal Hospital

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.

REFERRING VET

Dr. Remcho

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