


**PATIENT**

Belle Sadaka

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

4.55lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 Chedoke Animal  
 Hospital

**REFERRING VET**

Dr. Humble

**INVOICE**

20774

**DATE**

8/27/21

**PRESENTING CLINICAL SIGNS**

History: Weight loss, approx. 3lbs, vomiting and inappetence and anorexia. Pale, arrhythmia with skipped beats over 1 minute. Cranial abdomen organomegaly. New to this clinic and waiting on previous records. Was on an antiemetic. No current medications.

-Abnormal PE/Chem/CBC/UA Results: Bloodwork NSF FELV/FIV neg

**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 210bpm with a largely regular rhythm (range 188-220bpm). The rhythm is likely sinus in origin, although p waves are difficult to discern due to low voltage complexes. The QRS is positive and low voltage. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

**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 fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. 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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	2.1	147	0.47	1.3	0.42	54	88
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>	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	1.2	1.2	1.0	NM	0.96	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**

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the



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left ventricular wall, which is likely a normal variant. Serial echocardiography will be necessary to determine progression. Additionally, the submitted ECG is normal, with no evidence of dysrhythmias. If these findings do not reflect what was ausculted on exam (ie premature beats), a longer recording or potentially a holter monitor may be necessary.

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Given these findings, no medications are indicated.

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DSH

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

**SEX**

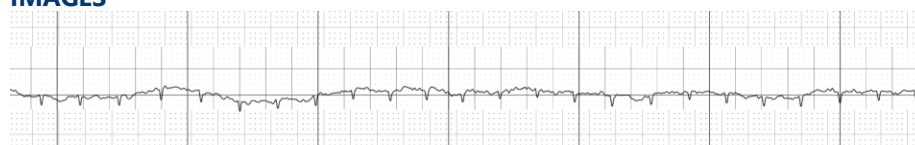
Female Spayed

Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

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**IMAGES**

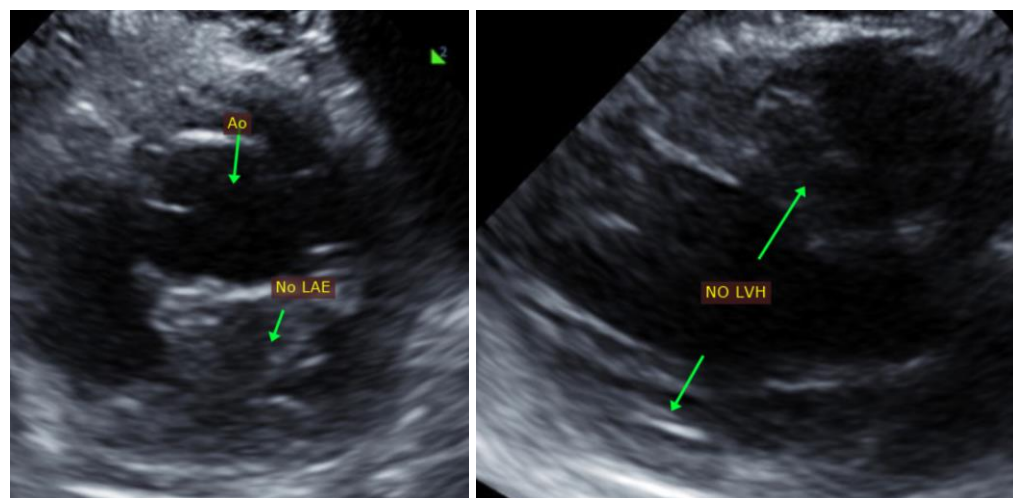


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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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