

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Spike Lussier

History: Recheck echo. History restrictive/unclassified cardiomyopathy/ isolated VPCs. Currently, doing well at home. No coughing, vomiting or diarrhea. BP: 120,120,110 mmHg. On exam, grade III heart murmur; decreased muscling.

SPECIES
Feline

-Current medications: Furosemide 0.6 ml of 10 mg/ml 0.6mls BID (1.2 mg/kg); Ursodiol 1ml of 62.5mg/ml, 1 ml SID; Pimobendan 0.1ml of 12mg/ml BID; Clopidogrel 37.5mg/ml 0.25mls BID. Having bi-cavity ultrasound exams.

BREED
DSH

-Pertinent previous echo findings (3/12/21 MML): LA 2.0 cm; LA:Ao 2.1; IVS 0.50 cm; PW 0.54 cm; severe LAE; mild RAE; mild MR.

SEX
Male Neutered

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

AGE
12 years

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 160bpm (range is 136-166bpm). P for every QRS complex and vice versa. P morphologies is positive. The QRS is inverted. Isolated VPC's are identified throughout; singles and couplets identified. Isolated APCs as well; singles only. No pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with malignant ventricular arrhythmias (singles and couplets) and APCs.

WEIGHT
10.9lbs

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with decreased myocardial function. The LV wall thicknesses are normal yet highly irregular. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Left atrium: The left atrium is severely dilated with obvious smoke. The auricle is also severely dilated.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central MR due to annular stretch.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular dilation.

Right atrium: The right atrium is mildly dilated.

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

Tricuspid valve: The tricuspid valve appears normal with trivial 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.

REFERRING VET

Dr. Louissaint

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.0
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.5
LVID diastole (cm)	1.7
PW thickness (cm)	0.45
LVID systole (cm)	0.94
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INVOICE

21210

DATE

9/24/21



PATIENT INTERPRETATION OF THE FINDINGS

Spike Lussier

Largely unchanged yet severe structural disease is identified. While the LA is severely dilated, it is similar to the prior study with no change to the left heart dimensions overall. One finding that was not previously noted is spontaneous contrast within the dilated LA which dramatically raises the risk for a blood clot event going forward. Mild LV dysfunction is slightly worse as well. No additional structural issues are identified.

SPECIES

Feline

BREED

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The ECG shows mild progression, with persistent single VPCs and development of couplets as well as APCs. While APCs are relatively benign, couplets are highly concerning and puts the patient at risk for VF and sudden death going forward. In an asymptomatic cat, it is difficult to know if these should be treated or if these are primarily stress-induced. Unfortunately, the treatment available for VPCs may have a negative impact on cardiac function, which must be considered as well in this patient. Given that the patient is asymptomatic, I would err on the side of not treating at this time, although there is risk in either decision.

AGE

12 years

This patient will be at risk for spontaneous CHF, development of malignant arrhythmias and/or sudden death going forward independent of treatment.

RECOMMENDATIONS

- Continue Furosemide, Plavix and Pimobendan as prescribed.
- Monitor closely at home for any acute lethargy or collapse and reassess ECG in these instances.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

WEIGHT

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PLAN

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

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 RDCS

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 Veterinary Clinic

REFERRING VET

Dr. Louissaint

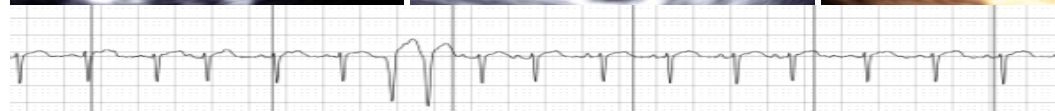
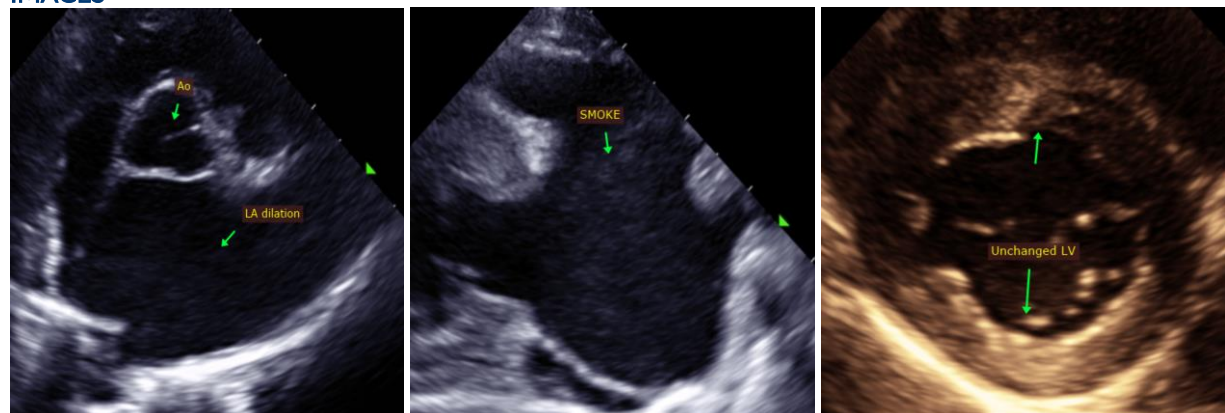
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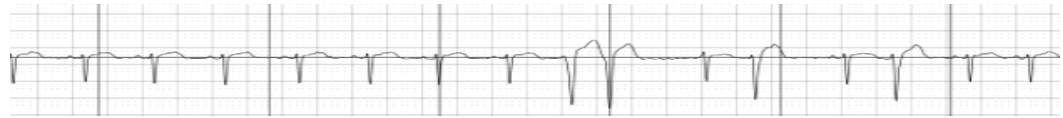
IMAGES





PATIENT

Spike Lussier



SPECIES

Feline

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.

BREED

DSH

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.

SEX

Male Neutered

Maggie Machen Lamy, DVM
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12 years

WEIGHT

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