

PATIENT

Onyx Frokus

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill Animal
Hospital

REFERRING VET

Dr. Larsen

INVOICE

26633

DATE

9/29/22

PRESENTING CLINICAL SIGNS

History: Presented to emergency for dyspnea, suspected cardiomyopathy and CHF. Grade 3/6 heart murmur. Lungs clear today.
 -Current Medications: Furosemide 12.5mg (1 tab PO BID), Enalapril 5mg (1/4 tablet PO BID).
 -Pertinent abnormal PE/Chem/CBC/UA Results: BUN (47), Creat (3.1).

ELECTROCARDIOGRAPHIC FINDINGS

Photos of an anesthesia monitor are included. The recorded heart rate is 220bpm, which appears accurate. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or 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 mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal/small 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 the RVOT is normal in velocity; however, a dynamic obstruction is suspected on color flow imaging. Normal LVOT velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	5.6	NM	0.50	1.25	0.48	60	94
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	1.2	1.1		0.9	0.8	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

Overtly normal cardiac structure and function with no evidence of significant LVH or atrial dilation. There is remodeling and fibrosis of the left ventricular wall however this is likely an age-related finding versus early disease. The murmur is benign in origin, secondary to a dynamic RVOT obstruction. The ECG is also normal for a stressed patient, with a normal sinus tachycardia and no obvious dysrhythmias.



PATIENT

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Given today's findings of a normal LA dimension, **the reported dyspnea is unlikely to be cardiac in origin.** Consider further evaluation, such as a Radiologist review of the prior films. **Lasix and Enalapril should be safely discontinue particularly given reported azotemia.**

SPECIES

Feline

No contra-indication to steroid or fluid therapy from a cardiac standpoint should it be indicated; however, any older cat is prone to intolerance and RR/RE should be closely monitored.

BREED

DSH

No cardiac medications are indicated.

A recheck echocardiogram is recommended in 6-12 months to screen for any progressive issues.

SEX

Male Neutered

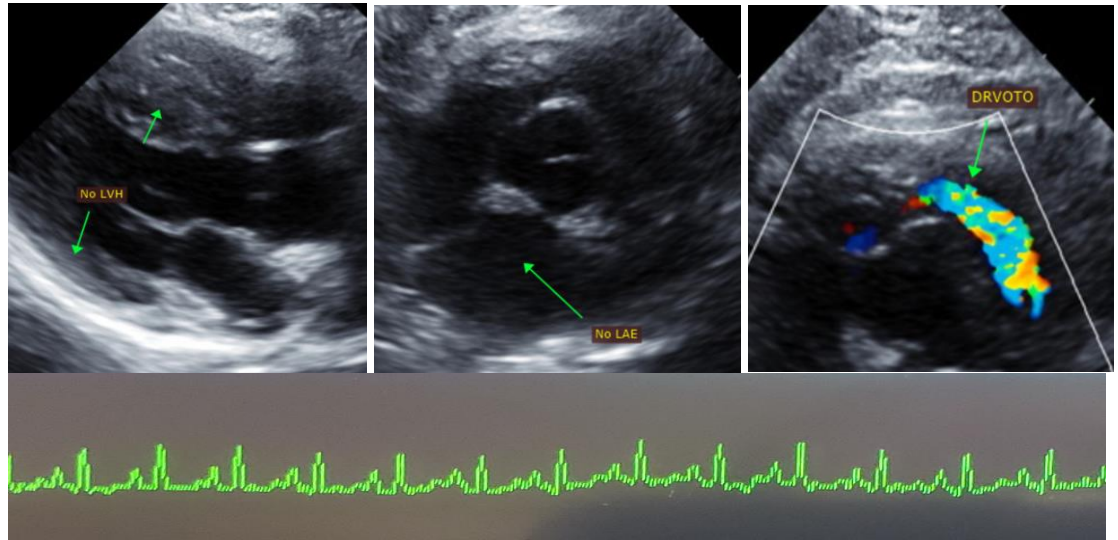
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IMAGES



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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.

HOSPITAL NAME

Pleasant Hill 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. Larsen

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