


PATIENT

Meela Knowles

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

14lbs; 6.4kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Options Veterinary
 Care

REFERRING VET

Dr. Pearson

PRESENTING CLINICAL SIGNS

History: Fractious- needed sedation Dexdomitor/torb/ketamine. Periods of lethargy, coughing, open mouth breathing, constipation, inappetence, nausea,
 -Current medications: Prednisone and appetite stimulants.
 -Blood pressure: 150/110mmHg.
 -Abnormal PE/Chem/CBC/UA Results: FELV/FIV negative- SPO2 97%- BUN/CREA/SDMA are always in normal range and her USG fluctuates between low and well concentrated. Recent USG was 1.050. Neutropenia.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 120bpm with a largely 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. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Sinus bradycardia likely secondary to heavy sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal LV wall thickness. Normal mitral valve. Normal LVIDd with decreased systolic function. LV appears remodeled. The LA is normal in dimension. No obvious smoke or thrombi seen. Trace MR; no obvious SAM. Decreased LVOT and RVOT velocities. The RA is normal. Normal tricuspid valve: no obvious TR. PV appears normal. Aortic valve appears normal. Normal RV wall thickness and dimension (subjective). MPA is normal. No obvious AI or PI. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVsd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWwd (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	6.4	NM	0.44	1.43	0.42	30	62
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	1.2	0.63	0.5	NM	
<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.							

INVOICE

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DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, it is difficult to accurately evaluate a patient's echo parameters using Dexdomitor. In cats specifically, the drug was shown to increase both LV diameters, lower FS and lower blood flow through the great vessels. Systolic dysfunction aside (likely due to sedation), no obvious structural issues are identified, and the LV wall dimensions are normal. Suspicion is low in this case, particularly in the absence of cardiac -related clinical signs or a murmur, etc. In the future, consider alternative sedation options (oral gabapentin 24, 12 and 2 hours prior), butorphanol, alfaxalone, propofol, etc.

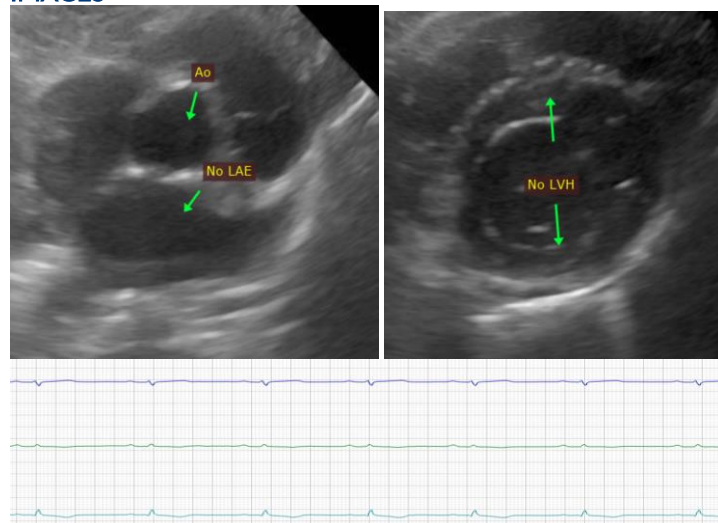
The ECG is unremarkable aside from a sinus bradycardia which is suspected to be due to sedation.

No medications are indicated. Prognosis is open.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

Recheck echocardiogram should a murmur, gallop or signs of cardiac compromise be noted in the future.

IMAGES



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.

Maggie Machen Lamy, DVM
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