



PATIENT

Mister Staiger

SPECIES

Feline

BREED

DLH/Maine Coon

SEX

Male Neutered

AGE

8 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg Veterinary
Clinic

REFERRING VET

Dr. Crow

INVOICE

26253

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: VPCs on pre-anesthetic ECG (Idexx). Asymptomatic. No medications
-Abnormal PE/Chem/CBC/UA Results: All BW WNL; Triple test negative.

ECHOCARDIOGRAM FINDINGS

2D and limited color flow imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. The right atrium is normal. The right ventricle appears normal. No effusions or obvious cardiac tumors identified.

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 | 8.2 | | | | | | |
| 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 | | | | | 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

Although this is not considered an extensive echocardiogram, 2D imaging suggests overtly normal cardiac structure and function. The LV is remodeled and irregular which should be monitored going forward; however, there is no evidence of cardiomyopathy at this time. The LA dimension is normal, indicating low risk for complication.

Presumably a fibrotic LV is enough to cause VPCs; however, systemic/extra-cardiac causes should be considered. Follow up/treatment should be dictated based upon the ECG report.

With VPCs, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia. Judicious IV fluid rates are advised to avoid fluid overload.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.

A recheck echocardiogram and ECG are recommended in 6-12 months to screen for progressive changes.



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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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