



PATIENT

Ezekiel Mckee

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

16.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr.Remcho

INVOICE

20966

DATE

9/9/21

PRESENTING CLINICAL SIGNS

History: VPCs under anesthesia. Rechecked and VPCs were persistent.
 -ECG report (Idexx): Intermittent single VPCs.
 -Blood pressure: 213mmHg.

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 endocardium also appears remodeled. Remodeled papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. 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	7.6	167	0.55	1.6	0.57	42	77
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	1.3	1.36		0.7	0.9	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 geriatric cardiac structure and function is identified in this study. The LV is quite remodeled and irregular which may be indicative of early cardiac disease (such as UCM/RCM) or may simply represent a normal variant. Serial echocardiography will be necessary to determine progression. Regardless, no additional issues are identified, and the LA dimension is normal.

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

From a structural standpoint, no contraindication for general anesthesia. The VPCs are a separate issue, and the ECG report should dictate protocol. Judicious IV fluid rates are advised to avoid fluid overload.

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue



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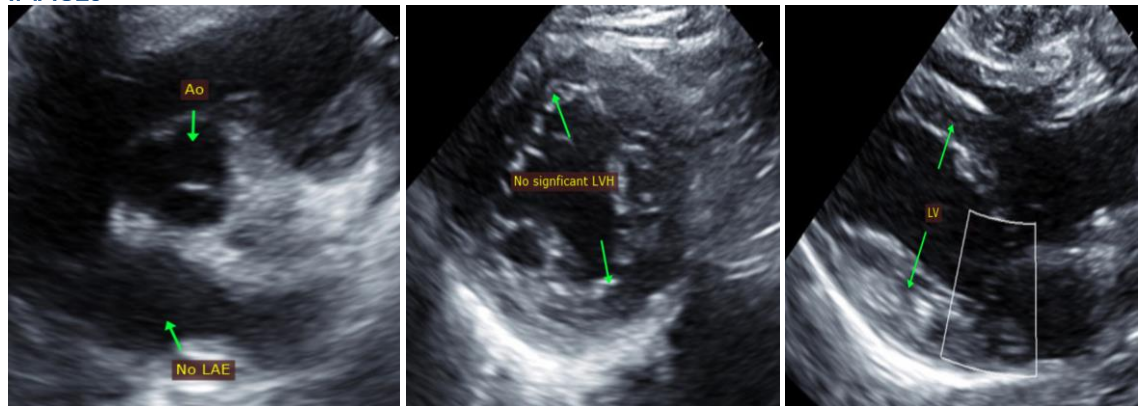
DATE

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until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

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.

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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