



PATIENT

Chester Meyers

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6.23.15

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Essex Middle River
Veterinary Center

REFERRING VET

Dr. Hicks

INVOICE

28501

DATE

1.23.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. Gallop.

-Current medications: Atenolol 25mg tablets, 1/4 tablet SID

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (5/2002 MML): Mild to moderate LVH, borderline LAE, SAM with MR. IVSd: 0.76, LVWd: 0.76.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. There is mild left atrial enlargement present. The right ventricle is subjectively normal in size and morphology. No right atrial enlargement present. Normal RVOT velocity. Minimal systolic anterior motion (SAM) is seen, with a normal LVOT velocity. No obvious mitral regurgitation. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.3	160	0.79	1.7	0.72	69	96
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.4	1.4		1.2	0.9	NM

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

Compared to the prior study, findings are remarkably similar. The LV thickness and appearance is unchanged without obvious progression. The LA remains minimally dilated and the LVOTO well controlled on the current dose of Atenolol therapy. No additional issues are identified.

Given these findings, continue Atenolol going forward. No obvious indication for additional medications. Prognosis is guarded long-term, although stability is certainly a good sign.

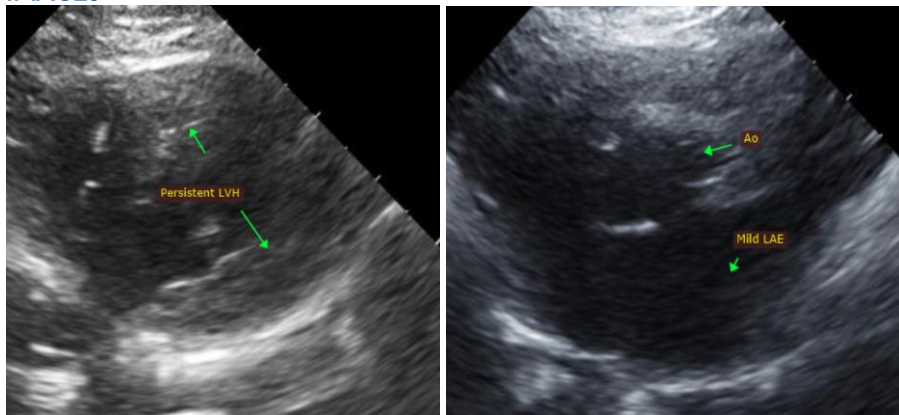
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

PLAN

A screening BP and T4 are recommended every 6 months. Continue Atenolol as prescribed.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com