



PATIENT

Roo Credit

PRESENTING CLINICAL SIGNS

History: Saliva staining limbs. Z/D diet, eosinophilic pododermatitis. Current meds: Atopica 0.25ml PO SID. *Sedate with Butorphanol. ProBNP: 467.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal with mild focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

SEX

Male Neutered

Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

AGE

9.7 years

Aortic valve/Aorta: The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

WEIGHT

9.6lbs

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.60
LVID diastole (cm)	1.4
PW thickness (cm)	0.56
LVID systole (cm)	0.7
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. Both should be considered in this cat. It is worth mentioning that a focal septal thickening may or may not reflect early cardiomyopathy and monitoring for progression is advised; a normal variant is also possible. No additional issues are identified and the left atrium is normal.

HOSPITAL NAME

Foster Veterinary
Clinic

REFERRING VET

Dr. Hattan

Prognosis is open, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

INVOICE

28488

Risk for use of steroids or fluid therapy typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected acute intolerance and monitoring of RR/RE is recommended, particularly during the initiation phase.

DATE

1/23/23



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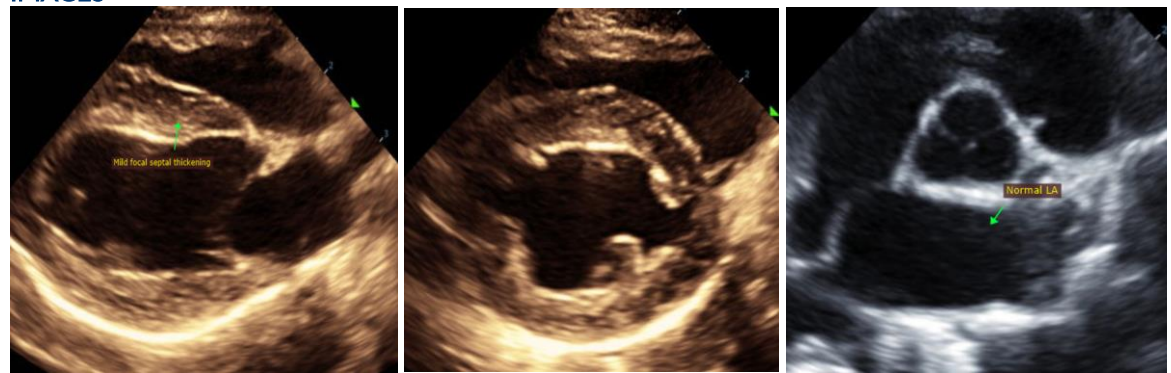
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

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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 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)