



PATIENT

Peppercorn Medley
Hayes

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.25.13

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart Cross Keys

REFERRING VET

Dr. Notarangelo

INVOICE

28552

DATE

1.25.23

PRESENTING CLINICAL SIGNS

History: New client seen at emergency clinic mid-December for wheezing and pneumonia, chest x-rays improving on recheck exam 12/21/22. Signs have since resolved. Longstanding heart murmur, previous echocardiogram through Friendship Animal Hospital Cardiology revealed Hypertrophic obstructive cardiomyopathy ACVIM stage B1 in December of 2020. No current cardiac medications. Murmur , grade 1/6.

-Pertinent abnormal PE/Chem/CBC/UA Results: Lab work normal at Belair ER 12/8/22

-Radiographs (12/21/22): Area of consolidation in R middle lung lobe appears to be resolved, mild bronchiolar changes persist but less prominent than previous films at ER

-Current medications: famciclovir 62.5mg BID since 12/21/22, cyproheptadine tapered 12/24/22 clavamox 125mg BID x 7 d (12/10), doxycycline 50mg SID x 7 d (12/10), gabapentin 50mg BID PRN

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

-Pertinent previous ultrasound results: No previous.

-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 asymmetric with regions of borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Mild MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	200	0.49	1.57	0.53	67	95
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	1.3	0.96	1.0	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

Overtly normal cardiac structure and function with no evidence of significant LVH or atrial dilation. There are borderline LV wall dimensions and fibrosis of the left ventricular wall, which is likely a normal variant; however follow up is advised to ensure no significant hypertrophy develops. The only cause of a murmur identified is mild MR, which appears hemodynamically insignificant. Finally, the LA is normal indicating low risk for complication. HOCM was diagnosed previously, which is not evident in this study.

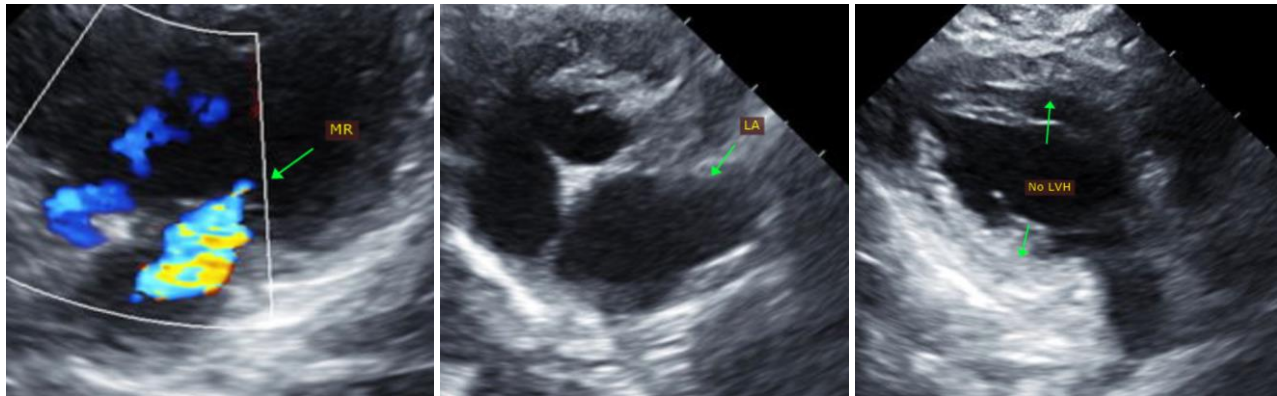
Given these findings, the reported respiratory issues remain non-cardiac in origin. No contraindication to steroid or fluid therapy from a cardiac standpoint should it be indicated, however use of both in cats should be limited and closely monitored.

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

No cardiac medications are indicated. A baseline BP and T4 are recommended.

Recheck echocardiogram in 12 months to screen for progression.

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.

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