



PATIENT

Mocha Callie

PRESENTING CLINICAL SIGNS

History: Recheck echo. Normal on PE today. Initially presented in June 2021 with a grade 4/6 murmur. Dx with MVd (severe) that improved on atenolol.
-Current medications: Atenolol 6.25mg BID.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS are inverted, suggest atypical device orientation. No ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

BREED

DSH

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion is seen on 2D imaging; however, the LVOT velocity is normal. Trivial MR. Mildly elevated aortic outflow velocity. The anterior leaflet of the MV is mildly thickened and elongated. No TR. There is no pericardial effusion noted. No pleural effusion appreciated. No cardiac tumors seen.

AGE

2 years

WEIGHT

12.8lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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	5.82	160	0.61	1.6	0.59	45	80
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	1.2	1.2	1.2		0.9	1.0	NM

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

Dr. Gajadhar

*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.

INVOICE

28127

DATE

1/5/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was noted on the previous study, mitral valve dysplasia persists with minimal secondary changes. The LV wall thickness is irregular with borderline hypertrophy overall. Which likely suggest good control on Atenolol. The LA remains normal, and no additional issues are identified.

The ECG is unremarkable with a normal sinus rhythm.



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Given today's findings, continue Atenolol as prescribed, ensuring the heart rate is maintained (140-160bpm in hospital/stressed). No additional medications are indicated at this time.

SPECIES

Feline

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

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Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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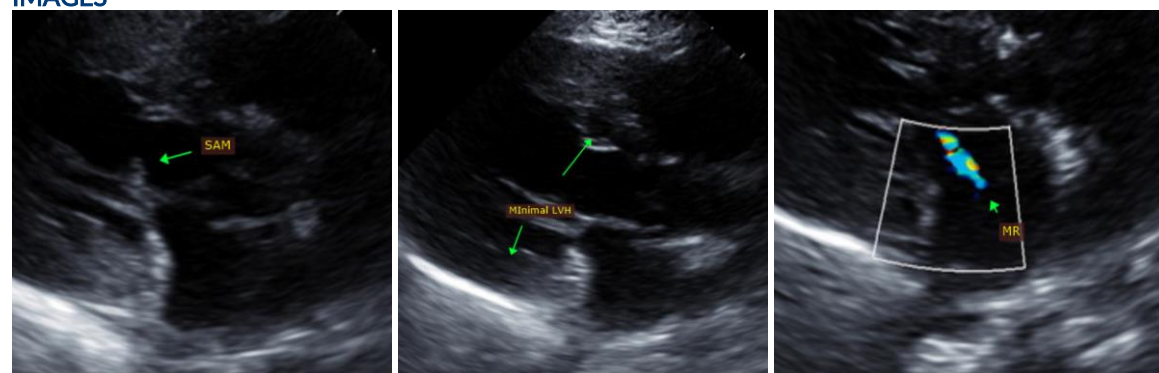
Continue atenolol as prescribed, periodically ensuring the heart rate is 140-160bpm in hospital.

Recommend recheck echocardiogram annually to screen for progression, sooner if clinical signs arise.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGES



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Crystal Hill, RVT

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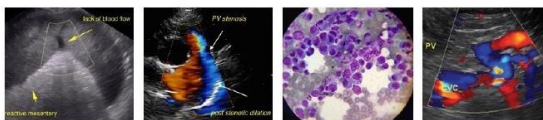
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

Mocha Callie

findings or if I can be of any further assistance, please contact me.

SPECIES

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