



PATIENT

Obi Wedge

PRESENTING CLINICAL SIGNS

History: Grade III/VI murmur / elevated ProBNP (354). No clinical signs.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are minimally increased symmetrically. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.

BREED

DLH

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

SEX

Male Neutered

Mitral valve: The mitral valve is normal in structure. Slight systolic anterior motion is suspected. Trace mitral regurgitation.

AGE

3.8 years

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic component. 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.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

WEIGHT

13lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Dynamic RVOT obstruction.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 210bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.61
LVID diastole (cm)	1.5
PW thickness (cm)	0.64
LVID systole (cm)	0.75
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	2.5
AoV Vmax (m/s)	2.7
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 case. Regardless, the degree of disease is mild, with minimal hypertrophy and no LA dilation. The murmur appears to be due to a combination of a dynamic LVOT and RVOT obstruction. A progressive LVOTO would be a concerning development going forward and monitoring is advised. No additional issues are identified.

HOSPITAL NAME

Chase Veterinary
Clinic

REFERRING VET

Dr. Caffarella

Given these findings, the risk the complication is low. Prognosis is guarded until progression is assessed. These findings in addition to an elevated BNP are concerning for early disease in such a young cat.

INVOICE

28176

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- BP/T4 recommended every 6 months
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

DATE

1/9/23



PATIENT
 Obi Wedge

- 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SPECIES
 Feline

BREED
 DLH

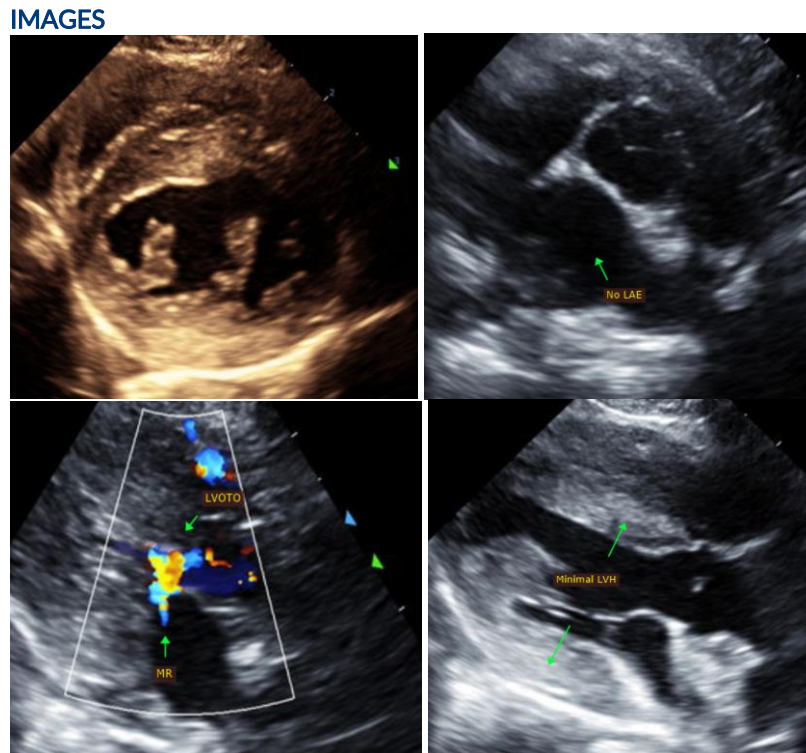
PLAN
 - Screening BP/T4 annually.
 - Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

SEX
 Male Neutered

AGE
 3.8 years

WEIGHT
 13lbs

INTERPRETED BY
 Maggie Machen Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY
 Pamela Harrigan, RDCS

HOSPITAL NAME
 Chase Veterinary Clinic

REFERRING VET
 Dr. Caffarella

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

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