



DATE PRESENTING CLINICAL SIGNS

1.9.26

History: Presented for vomiting that has become more frequent. He now vomits small amounts once or twice a day. Wight loss. Grade 3/6 murmur was ausculted. PE. Stage 2 CKD. Elevated BNP: 1,126.
-Pertinent abnormal PE/Chem/CBC/UA Results: BUN=40, creat=1.8, urine s.g.=1.029, BNP=1,126

PATIENT

Levi Wootten

-Current medications: None.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.

SPECIES

Feline

-Imaging performed by: Stephanie Warga RDCS, RVT.

BREED

DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow is available. The left ventricular wall is borderline in dimension with mild fibrosis of the endocardium. No significant hypertrophy is seen. Normal LV chamber size. The papillary muscles are mildly remodeled. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure. Systolic anterior motion is seen on multimodal imaging with mildly increased aortic outflow velocity. The RVOT velocity is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

SEX

MN

CARDIAC CHART

AGE

12.22.12

WEIGHT

13.5lbs

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	6.1	NM	0.58	1.3	0.58	53	87
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	1.4	1.4		2.5	1.6	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.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46373

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is borderline LV hypertrophy with an LVOT obstruction. This may reflect early HOCM; however, a normal stressed-related variant is possible. Regardless, the LA is normal, which suggests low risk for complication. Serial echocardiography will be necessary to determine progression and clinical significance. No additional issues are identified.

Given these findings, no medications are indicated. Atenolol may be warranted should the obstruction worsen in the future; however, is not indicated at this time in this cat.

An elevated BNP in this case may be in part due to these findings; however, renal disease can also lead to this elevation. A baseline BP is certainly recommended.

Prognosis is guarded prior to assessing for progression.

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, and 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.

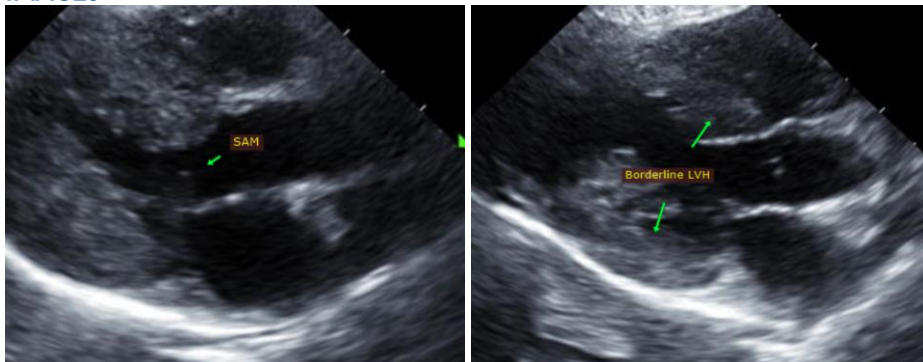
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

BP and T4 should be monitored every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of 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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