



PATIENT

Mikey Mowrey

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

13 years

WEIGHT

9.24lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

21470

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. HR: 180. Doing well. CKD stage 2.
 -Pertinent abnormal PE/Chem/CBC/UA Results: CKD stage 2, normal thyroid.
 -Current medications: Atenolol 25mg/ml - 0.25ml PO SID.
 -Blood pressure: MAP 135mmHG doppler
 -Sedation used: Sedation declined per request form.
 -Pertinent previous ultrasound results (11-18-2020 MML): Moderate LVH, no LAE, trace MR, LVOTO: 2m/s. IVSd: 0.75, LVWd: 0.76
 -STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy and remodeling. False tendon. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No obvious mitral regurgitation visualized. There is trace mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	4.2	150	0.65	1.23	0.69	52	86
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	1.25		1.5	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

HOCM persists with mild improvement on Atenolol. Previously moderate LV hypertrophy is slightly decreased comparatively. The LA remains normal indicating low risk for complication at this time. The heart rate appears well controlled with minimal LVOTO appreciated. No additional issues are identified.

Continue Atenolol as prescribed. No additional medications are warranted. *If additional imaging is needed in the future, sedation would be required due to patient temperament. Butorphanol or similar would be a reasonable choice with minimal cardiac side effects.

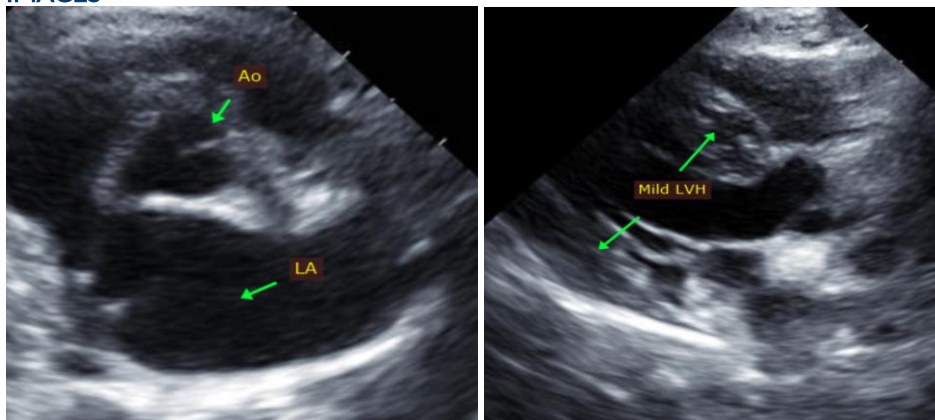
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Continue Atenolol as previously prescribed. Screening BP and T4 every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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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