

PATIENT

Chauncey Lassahn

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

12.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Gold

INVOICE

21592

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Hypercalcemia / Grade 4 murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results: Hypercalcemia.
-Current medications: Prednisone 5mg BID.
-Blood pressure: 130mmHg, 130mmHg & 130mmHg.
-Sedation used: Sedation not required for scan.
-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and remodeling. Papillary muscles appear mildly hypertrophied. The anterior leaflet of the MV appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is elevated depending on heart rate with a dynamic profile. There is no obvious eccentric mitral regurgitation. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.6	NM	0.67	1.5	0.53	69	96
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.2		1.3	1.2	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

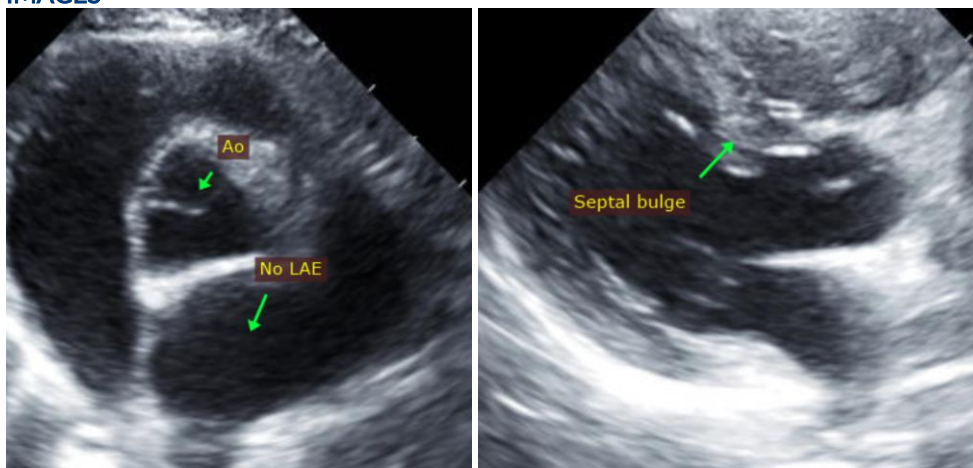
The cause of the murmur is a dynamic LVOT obstruction, secondary to abnormal valve movement and tachycardia (SAM). The LV wall dimensions are largely normal with a focal septal bulge, which may reflect early hypertrophic disease. There is a subset of cats with a dynamic LVOT obstruction that is stress-related and does not lead to secondary LV or LA changes. Serial echocardiography will be necessary to determine progression and clinical relevance of findings. Should LVH develop globally in the future, a beta blocker may be indicated to lower heart rate and decrease the pressure gradient.

Monitor for any clinical signs associated with progression, including increased RR/RE, syncope or signs of a blood clot (paralysis, neurologic change, etc.).

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any clinical signs 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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com